



Lambda Square, Inc.

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**Complete
and FAX to
(631) 587-1011**

PRINT, FILL & FAX

CREDIT APPLICATION

YOUR INFO:

Company: _____

Address: _____

Tel: _____ Fax: _____

URL: _____ Email: _____

Corporation Partnership Proprietorship Other _____

Type of Bus.: _____ Year Established: _____

DUNs #: _____ Federal Tax ID #: _____

NAMES and ADDRESSES of OWNERS, PARTNERS or OFFICERS:

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

3 TRADE CREDIT REFERENCES:

1 Name: _____ Acct #: _____

Address: _____

Tel: _____ Fax: _____

Contact: _____ Years Doing Business: _____

2 Name: _____ Acct #: _____

Address: _____

Tel: _____ Fax: _____

Contact: _____ Years Doing Business: _____

3 Name: _____ Acct #: _____

Address: _____

Tel: _____ Fax: _____

Contact: _____ Years Doing Business: _____