



Credit Application/Agreement

Liberty Industries LC dba Tower Innovations
 2855 HWY 261 ♦ Newburgh, IN 47630
 Phone 800.664.8222

PLEASE PRINT

Legal Business Name:		
Operating As:		
Phone:	Email:	
Fax:	Website:	
Physical Address		
City	State	ZIP
Mailing Address		
City	State	ZIP
A/P Mailing Address		
City	State	ZIP
Primary A/P Contact		Title
Phone	Ext	Email
Alternate Contact		Title
Phone	Ext	Email

<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Gvmt <input type="checkbox"/> Other	
Type of Business	Number of Employees
Federal ID Number	<input type="checkbox"/> General Contractor <input type="checkbox"/> End User <input type="checkbox"/> Service <input type="checkbox"/> Other
Style of Business	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Reseller
Year Business Established	DUNS #
Fiscal Year End	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Annual Sales	Financial Statements
	Anticipated Annual Purchase

Parent Co. Name
Does Parent Company Guarantee Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Co. Address
City State ZIP

Officer(s)/Owner(s)

Name	Title
Phone	Email
Name	Title
Phone	Email

Bank Name
Address
City State ZIP
Account Officer
Phone Fax
Bank Name
Address
City State ZIP
Account Officer
Phone Fax

TRADE REFERENCES Please give at least one but no more than two from our industry, the other two to three references should be from companies outside our industry but with similar cumulative annual purchases, credit line, and/or terms as what you seek to receive from our company.

Company #1		
Address		
City	State	ZIP
Phone	Fax	
Years as a Customer	Account #	
Company #2		
Address		
City	State	ZIP
Phone	Fax	
Years as a Customer	Account #	
Company #3		
Address		
City	State	ZIP
Phone	Fax	
Years as a Customer	Account #	
Company #4		
Address		
City	State	ZIP
Phone	Fax	
Years as a Customer	Account #	

By signing this credit application/agreement, the individual executing this application below on behalf of the Buyer, individually and personally, represents and warrants to Tower Innovations that:

- 1) he/she is authorized to execute this Application on behalf of the Buyer
- 2) the information set forth in this Application is accurate and complete
- 3) Buyer has received a copy of Tower Innovations' Terms & Conditions of Sale for Tower & Services (Rev 3 01-09-07) and agrees to the statements therein.

In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) and financial institution(s) that the Buyer has specified on this document and others that Tower Innovations becomes aware of during the credit review process and from time to time. The undersigned also understands that Tower Innovations will retain this Application, whether or not it is approved, and that Tower Innovations will consider this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer.

In order for Tower Innovations to sell and continue to sell to Buyer, Buyer hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer.

Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application overrides all others.

PERSONAL GUARANTEE The individual by signing this credit application/agreement is executing this Application on behalf of Buyer and personally guarantees, and agrees to be personally liable for failure of the performance by Buyer of, any and all Buyers' obligations under this Application with Tower Innovations including timely payment of any and all sums due to Tower Innovations. The personal guarantee also applies in the event that the Buyer declares Bankruptcy or applies for Bankruptcy protection.

Authorized Signature _____ Date _____
 Guarantor's Name (print) _____ Title _____

This application must be completed in full in order to be processed.

Please Email the document back to: Leigh.Carr@TowerInnovations.net

OR Fax it to 812-858-0393

OR Mail it to the Attn: Leigh Carr, Tower Innovations, 2855 HWY 261, Newburgh IN 47630