



Delivering L.B. Foster innovation

APPLICATION FOR CREDIT

Legal Business Name _____
Billing Address _____
Physical Address _____
Telephone _____ Fax _____ Federal I.D. # _____

TYPE OF OWNERSHIP

Corporation Limited Liability Company Partnership
Limited Partnership Sole Proprietorship Other

PARENT COMPANY (if applicable)

Type of Business _____ Date Started _____

Principals (Name & Title)

Please provide references comparable in volume to support the amount of credit you are requesting. For accounts over \$50,000, please include copies of your most recent financial statements. Confidentiality is assured.

BANK REFERENCES

	Name	Address / Zip	Account# / Contact	Telephone	Fax
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

TRADE REFERENCES

	Name	City / State	Telephone	Fax
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

BONDING / INSURANCE AGENT

	Name	Address / Zip	Contact	Telephone
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PLEASE ATTACH A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE

I/We understand, acknowledge, and accept L.B. Foster Company terms of sale and certify that the information given herein is true and correct. The undersigned warrants that he/she has authority to execute this Application for Credit.

I/We hereby authorize the release of credit information. This authorization shall be continuing without expiration and a photocopy or facsimile copy shall be given the same effect as the original.

Officer Signature _____ Date _____
Print Name _____ Title _____