



**Leighton A. White, Inc.**  
CREDIT APPLICATION  
www.leightonawhite.com

“We Move Mountains to Serve You!”  
Since 1978

Leighton A. White, Inc., 138 Elm Street, Milford, NH 03055 (603)673-2294 Fax: (603)672-8320

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Billing Address*

Street/PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Delivery Address*

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Business Details*

Type of Business: \_\_\_\_\_  
In Business Since: \_\_\_\_\_  
Form of Business:      Corporation      LLC      Partnership      Sole Proprietor

*Billing Information*

Is a Purchase Order required?      Yes      No  
Name of individual with authorization: \_\_\_\_\_  
If it is to be a blanket PO, please provide: Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
To whose attention should invoices be sent? \_\_\_\_\_  
How would you like invoices sent?      Mail      Email      Fax

*Local Bank References*

1) Bank Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
2) Bank Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Trade References (do not list credit cards)*

1) Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Acct#: \_\_\_\_\_ Fax: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Acct#: \_\_\_\_\_ Fax: \_\_\_\_\_  
3) Name: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Acct#: \_\_\_\_\_ Fax: \_\_\_\_\_



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**Credit - Terms of Agreement**

I hereby certify that all information provided is true and authorize Leighton A. White, Inc. to contact our trade and bank references for normal credit information. This information is furnished to Leighton A. White, Inc. for the purpose of an extension of credit. We authorize the above listed references to provide Leighton A. White, Inc., with information regarding our account history. I understand and agree to pay within the terms offered by Leighton A. White, Inc.

Leighton A. White, Inc. terms are net 10 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

I PERSONALLY GUARANTEE payment to Leighton A. White, Inc., for any and all indebtedness incurred by or for the organization for which this Application is made. But not limited to, indebtedness for materials, parts and services, rental of equipment and purchase orders.

**Name and Title of Duly Authorized Officer**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_