



**LUBROMATION INC.**  
WE TAKE THE FRICTION OUT OF YOUR LIFE!  
Industrial Lubrication    Hydraulics    Pneumatics

P.O. Box 26306, Charlotte, NC 28221

800-228-8247

2542 Lucena St., Charlotte, NC 28206

**APPLICATION FOR CREDIT**

(Please Print or Type)

Trade Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date started under present management: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

Corporation    Partnership    Proprietorship

Has owner, partner, or stockholder done business under a different name: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, under what name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Names and Addresses of Principal Owners or Officers and their Titles

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_



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### SALES TAXES

Do you pay sales tax: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please submit the appropriate state approved certificate. According to State Law, we are required to charge and collect tax unless the sales tax certification is in our office. We collect and report to NC, SC and VA only. We do not collect or report to any other states.

#### **Person to contact regarding accounts payable.**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### References

Long Term Trade references with credit balances comparable to request from Lubromation, Inc.  
(Please print or Type)

Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_



**Banking**

(Please print or type)

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Please Mail, Fax or Email Applications:

P.O. Box 26306, Charlotte, NC 28221

Fax #: 704-375-7924

Email: [AR@Lubromation.net](mailto:AR@Lubromation.net)