



**Credit Application**  
**LT Connections / D.A. Fehr, Inc. / LT Copper**

50 Keystone Boulevard East  
 Pottsville, PA 17901  
 Phone: (800) 325-8999  
 Fax: (866) 922-0076

**Please complete and fax to our Credit Department at (866) 922-0076.**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Requested Credit Limit: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Business Type:  Sole Proprietorship  Partnership  Corporation - State of: \_\_\_\_\_  
 Number of Years in Business: \_\_\_\_\_ Dun & Bradstreet Number: \_\_\_\_\_

Principals or Corporate Officers:

_____	_____
Name / Title	Name / Title
_____	_____
Phone Number	Phone Number

Person(s) to contact regarding Purchase Orders and Invoice Payments:

_____	_____
Name/Title	Name/Title
_____	_____
Phone Number	Phone Number

Bank References:

_____	_____
Bank Name	Bank Name
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Phone Number	Account Number
_____	_____
Phone Number	Account Number

Four Trade References (Please include the complete address and phone & fax numbers for each):

_____	_____
Company Name	Company Name
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Phone Number	Fax Number
_____	_____
Phone Number	Fax Number
_____	_____
Company Name	Company Name
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Phone Number	Fax Number
_____	_____
Phone Number	Fax Number

The above information is submitted for the purpose of opening an account with LT Connections. I hereby certify this information to be true and accurate. My signature also authorizes these trade references to release credit information for this application.

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_