



LMT USA, Inc. Account Profile

General Information

Company Name _____

P.O. Box (Only for Billing) _____ Address _____

City _____ City _____

State _____ State _____

Zip Code _____ Zip Code _____

Phone Number _____ Fax Number _____

Web Site _____ Email _____

Company Data

Principal / Owner _____ email _____

Outside Sales Manager _____ email _____

Inside Sales Manager _____ email _____

Purchasing Manager _____ email _____

Accounts Payable Mngr _____ email _____

Accounting Phone No. _____ Fax Number _____

Key Contact Names

Year Business Established _____ Type of Entity _____

Tax I.D. Number _____ Total Number Employees _____

Estimated LMT Sales
(Dollars First Year) _____ No. Outside Sales People _____

Estimated NEW LMT Business
Sales (Dollars First Year) _____ No. Inside Sales People _____

Account Information Required: Three (3) Credit References Bank Information Branch Locations
(Attach to this document)

Duns Number: _____





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DO NOT WRITE BELOW THIS LINE / TO BE COMPLETED BY LMT-FETTE SALES REPRESENTATIVE

LMT Sales Representative _____ Salesperson Code _____

Account Type (check box): Distributor Integrator Direct OEM
 OED Gear Cutting

Authorization to sell (check appropriate box[s]): Full Line Thread Rolling Systems Taps
 Gear Cutting Indexable Carbide

Payment Terms (Check appropriate box): Standard 1% 10 Day 30 Net
 Other (specify):

Date Submitted: _____

Comments: _____

Management Approval Information

Duns Report Check

Duns Report Apporval

Director of Operation Approval

Date _____

Signature _____

LMT Assigned Customer No. _____

