



CREDIT APPLICATION

Company Name:

DBA (If different):

Contact Person:

Address:

Phone:

Fax:

Federal Tax ID or Social Security Number:

Sales Tax # (please attach copy):

Type of Business:

Date Business Established:

You Are a: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

State of Incorporation: Names, Titles, and Addresses of Corporate Officers:

Purchase Order Required? YES NO

TRADE REFERENCES

Reference # 1

Name:

Address:

Phone:

Fax:

Reference # 2

Name:

Address:

Phone:

Fax:

Reference # 3

Name:

Address:

Phone:

Fax:

BANK REFERENCES

Bank # 1

Account #

Phone:

Contact Person:

Name of Bank:

Address:



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GENERAL TERMS AND CONDITIONS

1. Invoices are sent upon delivery.
2. All bills payable in full 30 day term, all past due invoices will be subject to 1.5% Late fee per month.
3. LAMINATI reserves the right to suspend or withdraw credit privileges should The account fall past due or upon any information indicating insolvency or any other information which in sole opinion would prevent or future debt from being paid.
4. It is understood that LAMINATI, at their discretion, may apply the customer's payment against any open invoice and/or credit memo outstanding.
5. All returns must be made within 30 days of purchase date and are subject to a 20% restocking fee.

I have read and am in agreement with all of the terms and conditions stated above and have filled out this credit application truthfully to the best of my knowledge.

Printed Name:

Title:

Date:

Authorized Signature:

PLEASE FAX OR MAIL THIS APPLICATION TOGETHER WITH YOUR SALES TAX ID CERTIFICATION