

# Credit Application – Privately Held

Dear Prospective Customer:

Laserage prides itself in its service to customers. We would like to assist you in establishing your credit with us as quickly as possible. Please complete and return this application (all fields must to be completed). The completed application must be signed and dated (accompanied by a printed name and title) by either an owner or an authorized officer. To expedite credit review, fax immediately to **847-336-1103** or mail completed application to:

Laserage Technology Corporation  
ATTN: Accounts Receivable  
3021 Delany Road  
Waukegan, IL 60087-1826

Please choose method to receive invoices:

E-Mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Name (DBA): \_\_\_\_\_

Legal Name (if different): \_\_\_\_\_

Employer ID (EIN): \_\_\_\_\_ Resale # : \_\_\_\_\_ State: \_\_\_\_\_ D&B # : \_\_\_\_\_

Kind of Business (activities): \_\_\_\_\_

In Present Business Since: \_\_\_\_\_ (Year)      Type of Business (check one): \_\_\_\_\_ Sole Proprietorship

At Present Location Since: \_\_\_\_\_ (Year)      \_\_\_\_\_ Partnership      \_\_\_\_\_ Limited Liability Partnership

\_\_\_\_\_ Corporation (C or S)      \_\_\_\_\_ Limited Liability Corporation

Business Bill To Address (Street # or PO #, City, State, Zip): \_\_\_\_\_ A/P Contact Name: \_\_\_\_\_

\_\_\_\_\_ A/P Direct Phone: \_\_\_\_\_

## OWNERSHIP:

| Name  | Ownership | Title | Home Address (Street #, City, State, Zip) | Social Security Number |
|-------|-----------|-------|---|------------------------|
| _____ | _____ %   | _____ | _____                                     | _____ - _____ - _____  |
| _____ | _____ %   | _____ | _____                                     | _____ - _____ - _____  |

## BANK REFERENCE:

Bank Name: \_\_\_\_\_ Branch \_\_\_\_\_

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

Relationship Manager: \_\_\_\_\_ Branch Phone: \_\_\_\_\_ Branch FAX: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Acct Number: \_\_\_\_\_

**TRADE REFERENCES:** Please attach a list of 3 trade references that have extended you credit approximate to the credit you will need with Laserage.

This information is submitted for the purpose of obtaining credit.

Applicant authorizes Laserage to make inquiries necessary for obtaining or maintaining credit and authorizes its bank and/or suppliers to release information regarding its account(s).

Applicant's signature attests: (i) information supplied is true and accurate, (ii) Applicant assumes financial responsibility and agrees to pay invoices at Laserage's stated terms (per Order Acknowledgment), including finance charges for late payments, and (iii) Applicant agrees to Laserage's recovery of reasonable legal fees and court costs in the event Laserage files suit to recover amounts owed and unpaid.

**For:**

\_\_\_\_\_  
(Print Legal Name of Entity Applying for Credit)

**By:**

\_\_\_\_\_  
(Signature of Owner/Authorized Officer)

\_\_\_\_\_  
(Print Name of Owner /Authorized Officer)

**Its:**

\_\_\_\_\_  
(Print Title)      \_\_\_\_\_  
(Date)