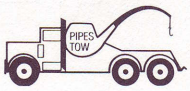
Lazer-Pipes Services, Inc.

LAZER



Serving your towing needs for the entire metropolitan area.

Credit Application

Please fill this form out completely

Full name of your company_____

Billing address_____

City / State / Zip _____

Telephone number___(_____)_____ Fax number_____(_____)_____

President/Owner_____ Contoller_____

Accounts Payable contact_____

Parent Company_____ Branch Locations_____

Type of Business CORPORATION PARTNERSHIP SOLE PROPRIETOR

Has the ownership changed in the past year? YES_____ NO_____

Years in business_____ Number of employees_____ Dun & Brad #_____

Payment schedule NET_____ Fed ID#_____

What paperwork do you require? BILL OF LADING_____ INVOICE_____

PROOF OF DELIVERY_____ PO #_____

Bank Name_____ Telephone #_____(_____)_____

Contact Person_____

Checking Account #_____ Checking Account #_____

Line of Credit Account #_____ Savings Account #_____

Officer's Signature_____ Title_____ Date_____

Type or Print Name_____

Please list references below & be sure to add a fax number for each one.

Name _____ **Name** _____

Address _____ Address _____

Address _____ Address _____

Phone _____ Phone _____

**Fax _____ **Fax _____

Name _____ **Name** _____

Address _____ Address _____

Address _____ Address _____

Phone _____ Phone _____

**Fax _____ **Fax _____

Please fax competed form to Attention, Credit Department (816) 965-5464

4100 Main Street • Grandview, MO 64030 • Central Dispatch (816) 763-2112 • Fax (816) 765-9119