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Lamination Depot

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APPLICATION FOR CREDIT

Name/Address

Name of Business:		Tax ID Number:	
Physical Street Address:	City:	State:	Zip:
Mailing Address (if different):	City:	State:	Zip:
Building (Circle One): Own or Rent or Other	Name of Leasing Party:	Phone:	

Company Information

Type of Business:	In Business Since:		
Legal form of Ownership (Circle One): Sole Ownership	Partnership	Corporation	
Name of Parent Company (only if subsidiary):	In Business Since:		
Name of Person Responsible for Business Transactions:		Title:	
Direct Phone:	Fax:	Email:	

Bank References

Institution Name:	Account Type:	Acct. Number:
Address:	Phone:	
Institution Name:	Account Type:	Acct. Number:
Address:	Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Ordering and Billing Information

AP Email:	AP Phone:	AP Fax:
Approximate Amount Expected to Spend Per Month:	PO Number Required on Invoice?	YES or NO
AP Mailing Address:	Preferred Method to receive Invoices (Circle all that apply) :	
City:	State:	Zip:
Mail - Fax - Email		

Applicant's signature below attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. All invoices are Net 30 terms without exception. Past due invoices are subject to a late penalty of 1.5% per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default.

The applicant hereby authorizes and instructs any person, company or credit reporting agency to compile and furnish any information concerning the applicant and/or the company.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____