

## Business Credit Application Name/Address Information

<b>Company Name:</b>				<b>Fed ID/SSN#</b>		
<b>Contact Last Name:</b>		<b>First:</b>		<b>Mid. Initial:</b>		
<b>Address 1:</b>						
<b>Address 2:</b>						
<b>City:</b>		<b>State:</b>		<b>Zip:</b>		
<b>Phone Number (s):</b>						
<b>Fax Number:</b>						
<b>E-Mail Address:</b>						

## Company Information

<b>Business Type:</b>				<b>In Business Since:</b>	
<b>Legal form Under Which Business Operates:</b>	<b>Corporation:</b>		<b>Partnership:</b>		<b>Proprietorship:</b>
<b>Parent Company: (If Division/Subsidiary)</b>				<b>In Business Since:</b>	
<b>Officer's/Owners</b>					
<b>Address 1:</b>					
<b>Address 2:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone Number (s):</b>					

## Bank References

<b>Institution Name:</b>					
<b>Checking Account #:</b>					
<b>Savings Account #:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone Number:</b>		<b>Fax Number:</b>			

## Trade References

<b>Company Name:</b>					
<b>Contact Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone Number:</b>		<b>Fax Number:</b>			

## Trade References

<b>Company Name:</b>					
<b>Contact Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone Number:</b>		<b>Fax Number:</b>			

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Credit Agreement

### **Terms of Agreement:**

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay all invoices within 30 days.

### **Interest:**

We agree to pay a monthly finance charge of 1 1/2% on all past due balances.

### **Jurisdiction:**

By executing this letter, we agree to be subject to the jurisdiction of the State of Minnesota and specifically the state district located in Scott County, Minnesota.

### **Attorney's Fees:**

In the event LASERQuipT is required to undertake any action, including litigation, to collect the amounts pursuant to this Credit Agreement, we shall be liable for all costs and expenses of collection, including litigation and pre-litigation attorney's fees.

Note: LASERQuipT will not grant terms if the above document is altered in any way.

---

*I represent all information is warranted to be true and complete, that I am authorized to represent the company listed in requesting credit terms and I understand the terms and conditions of this agreement.*

Account Name:	
Buyer's Signature:	
Buyer's Name/Title ( <b>Please Print</b> ):	
Date:	

F308 (Rev 07/06) copyright 2004 LASERQuipT, Inc.