



LAPCO Manufacturing, Inc.
 98 Glenwood Street
 Morgan City, LA 70380
 Attn: Inside Sales Team

NEW CUSTOMER ACCOUNT APPLICATION

P(985)385-5380 lboudreaux@lapco.com
 F(985)385-9944 dmoser@lapco.com
 Application Date: echauvin@lapco.com

APPLICANT COMPANY'S INFORMATION

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Shipping Address: _____
 Suite #: _____

City, State, Zip: _____

Important: Please complete the company contact information below.

Purchasing Contact: _____ Phone: _____
 Fax: _____
 E-mail: _____

A/P Contact: _____ Phone: _____
 Fax: _____
 E-mail: _____

Notice: Please be aware that completion of this application does not guarantee selection as a distributor.

Principle source of business: _____

Estimated annual revenue: _____

Is this a retail location: _____

Years in Business: _____

Authorized Signature: _____ Date: _____

Print Name: _____

Title: _____

Federal ID Number: _____ Tax Exempt: Yes No

Please, take a moment to answer our short survey below.

How were you introduced to LAPCO?

<input type="checkbox"/>	Business Associate	<input type="checkbox"/>	Sales Representative:	<input type="checkbox"/>	Sales Rep Name:
<input type="checkbox"/>	Customer Request	<input type="checkbox"/>	Trade Show	<input type="checkbox"/>	Trade Show Name:
<input type="checkbox"/>	Internet	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Other:

If Other, Please Explain: _____

Please fax to (985)385-9944, or e-mail to contacts above, with a completed Resale Certificate.



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Application for Terms (Optional)

NAME OF BANK: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE NUMBER: _____
 ACCOUNT NUMBER: _____
 PERSON TO CONTACT: _____

Trade References

THE FOLLOWING ARE THREE TRADE REFERENCES WITH WHOM CREDIT HAS
 BEEN ESTABLISHED FOR AT LEAST THE PAST SIX MONTHS:

1 Company Name: _____
 Phone Number: _____
Fax Number: _____
 Contact Name: _____

2 Company Name: _____
 Phone Number: _____
Fax Number: _____
 Contact Name: _____

3 Company Name: _____
 Phone Number: _____
Fax Number: _____
 Contact Name: _____

Terms of Agreement (Signature Required)

I/We Agree to the Terms set forth by LAPCO Manufacturing, Inc. I/We the undersigned agree that we are responsible for payment of the account. I/We further agree to pay all service charges, collection fees, and legal fees that may occur upon late payment of this account.

I hereby certify that the above-named purchaser is responsible for making purchases for the above-named company. I agree to pay any and all invoices Net 30 to LAPCO Manufacturing, Inc.

or

I acknowledge and authorize LAPCO Manufacturing, Inc. to use the credit card number listed below to pay for any pre-paid orders.

Card #: _____ Billing Name: _____
 Exp.: _____ Billing Address: _____
 Security Code: _____
 Card Type: Visa MC AmEx _____

Please Provide Signature of Authorized Applicant Below.

Signature: _____ Date: _____
 Print Name: _____ Position Title: _____

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