

LAPCO Manufacturing , Inc. P.O. Box 2491 | 98 Glenwood St. Morgan City, La 70380 (800) 385-5380

### Return to

FAX: (800) 471-7503 EMAIL: sales@lapco.com include valid resale certificate

# **BUSINESS ACCOUNT APPLICATION**

## Applicant Information

ations?	
PPAI#	OTHER? fill in below
UPIC	
Fax:	
	PPAI# UPIC  Fax:  Fax:

Notice: completion and/or submission of application does not guarantee acceptance.



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## How did you hear about LAPCO? (check one/fill in)

Business Associate	Sales Rep	Sales Rep Name:	
Customer Request	Trade Show	Trade Show Name:	
Internet Search	Online Ad	Other:	please explain

Request Terms	
Net 30 Terms or Credit Card Only	
lf you are requesting Terms you mus	st provide banking and reference information below to be considered.
Banking Information	
Name of Bank:	
	Fax:
Trade References - refe	erences with whom credit has been established for, at minimum, six months.

Reference Company:	Reference Company:	
Contact Name:	Contact Name:	
Fax:	Fax:	
Phone:	Phone:	
Reference Company:	Reference Company:	
Contact Name:	Contact Name:	
Fax:	Fax:	
Phone:	Phone:	

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## Terms and Conditions

The undersigned acknowledges that all purchases are due and payable within the terms of LAPCO Manufacturing, Inc. and agrees to pay all service charges, collection fees, and/or legal fees that may occur upon late payment of this account. The undersigned gives LAPCO permission to perform credit checks on the above applicant. Terms will be determined upon acceptance of application. Past due accounts are subject to a service charge of 1.5% per month on the outstanding balance. There will be a 3% processing fee charged on any credit/debit card payment received 6+ days after the invoice date. There will be a 6% processing fee charged on any order paid with a purchasing card (P-Card). The undersigned official hereby guarantees the company's payment of any and all purchases from LAPCO Manufacturing, Inc.

## and/or

I acknowledge and authorize LAPCO Manufacturing, Inc. to use the payment information below for any prepaid orders.

Card Type:	Card Number:		
Ехр:	Security Code:		
Billing Name:			
Billing Address:			
Guarantor Signature:		Date:	
Print Name:	Title:		