

Lazer-Pipes Services, Inc.



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 Terms **NET 10th of MONTH** 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 completed form to Attention, Credit Department (816) 965-5464

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