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_____ Controller_____

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 attach a list of references (4 minimum) & be sure to include Name, Address, Contact Name, Phone Number and Fax Number for each one.

Return via email to karen@lazertow.com or Fax (816) 965-5464