

Vanzebo Laser LLC, DBA OfficeDesk
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone: Fax: E-mail:

Registered company address:

City: State: ZIP Code:

Date business commenced:

Sole proprietorship: Partnership: Corporation: Other: Years in Business:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City: State: ZIP Code:

How long at current address?

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: ZIP Code:

Type of account	Account number
Savings	
Checking	
Other	

BUSINESS/TRADE REFERENCES

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice unless prior written arrangements have been made with Vanzebo Laser LLC.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Vanzebo Laser LLC. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

<p>Title:</p> <p>Date:</p>	<p>Title:</p> <p>Date:</p>
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