New Customer Set-Up &

Credit Application

All customers must complete Section 1. If you are applying for American Laser Enterprises LLC Net 30 Day Terms, please complete Section 2.

SECTION ONE

CUSTOMER INFORMATION

Firm Legal Name:	Owner, CEO, Manager Name:
Address:	Phone No:
City, State & Zip:	Cell Phone No:
Shipping Address:	Email:
City, State & Zip:	Purchasing Contact:
Billing Address:	Purchasing Phone No:
City, State & Zip:	Purchasing Fax No:
Accounts Payable Contact:	Purchasing Email:
Accounts Payable Email:	Purchasing Cell Phone
Accounts Payable Phone No:	Fax No:
Accounts Payable Cell Phone	Do you own machine __ Yes __ No

BUSINESS INFORMATION

Date Business Established: / /		If Incorporated, Date of Incorporation: / /
State of Incorporation:	Federal ID No:	State Sales Tax ID No:
Dun & Bradstreet No:		# of Employees:

Type of Business: ☐ Incorporation ☐ Partnership ☐ Proprietorship ☐ LLC
☐ S-Corporation ☐ C-Corporation ☐ Non-Profit Organization ☐ LLP

PLEASE PROVIDE A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE.

BANK REFERENCE

Name:	Account No:
Address:	Phone No:
Branch Contact:	Fax No:
Contact Email	Account open since: