



Credit Application Form

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

EIN: _____ Tax No. (if applicable): _____

Do you require purchase order numbers? Yes No

Are you tax exempt? *Yes No *If so, please send certificate.

Bank Information:

Name: _____ Account No.: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Contact Person: _____

Business References (Please List Three):

Name: _____ Phone: _____

Address: _____ Fax (Required): _____

Name: _____ Phone: _____

Address: _____ Fax (Required): _____

Name: _____ Phone: _____

Address: _____ Fax (Required): _____

Your Name: _____ Title: _____

Signature: _____ Date: _____

Please Email or Fax This Page To:

Corporate Office: 85 11th Street | Ambridge, PA 15003 | Email: AMC@laserinst.com | Phone: (724) 266-1600 | Fax: (724) 266-8161

Pittsburgh Office
85 11th Street
Ambridge, PA 15003
Ph: (724) 266-1600
Fax: (724) 266-8161

Columbus Office
372 Morrison Rd., Suite D
Columbus, OH 43213
Ph: (614) 759-1000
Fax: (614) 759-7059

Cincinnati Office
820-B Lebanon Street
Monroe, OH 45050
Ph: (513) 539-0022
Fax: (513) 539-0033

Akron Office
2567 S. Arlington Rd., Suite 5
Akron, OH 44319
Ph: (330) 633-4900
Fax: (330) 633-4999

Charleston Office
504 Old Goff Mtn. Rd.
Cross Lanes, WV 25313
Ph: (304) 776-1831
Fax: (304) 776-6790

Bridgeport Office
919 West Main Street
Bridgeport, WV 26330
Ph: (304) 933-3036
Fax: (304) 933-3584