



### 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 11<sup>th</sup> Street | Ambridge, PA 15003 | Email: HMB@laserinst.com | Phone: (724) 266-1600 | Fax: (724) 266-8161

**Pittsburgh, PA (HQ) | 85 11<sup>th</sup> Street | Ambridge, PA 15003 | Ph: 724.266.1600 | Fax: 724.266.8161**

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Fax: 614.759.7059

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Monroe, OH 45050  
Ph: 513.539.0022  
Fax: 513.539.0033

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Akron, OH 44319  
Ph: 330.633.4900  
Fax: 330.633.4999

**Toledo, OH**  
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Maumee, OH 43537  
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**Bridgeport, WV**  
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Bridgeport, WV 26330  
Ph: 304.933.3036  
Fax: 304.933.3584

**Charleston, WV**  
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