



### 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: \_\_\_\_\_ Email or Fax (Required): \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email or Fax (Required): \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email or 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**

**Columbus, OH**  
 372 Morrison Rd., Ste. D  
 Columbus, OH 43213  
 Ph: 614.759.1000  
 Fax: 614.759.7059

**Cincinnati, OH**  
 820-B Lebanon St.  
 Monroe, OH 45050  
 Ph: 513.539.0022  
 Fax: 513.539.0033

**Cleveland, OH**  
 2567 S. Arlington Rd. #5  
 Akron, OH 44319  
 Ph: 330.633.4900  
 Fax: 330.633.4999

**Toledo, OH**  
 3637 Briarfield Blvd.  
 Maumee, OH 43537  
 Ph: 419.243.7271  
 Fax: 419.243.6418

**Bridgeport, WV**  
 919 West Main St.  
 Bridgeport, WV 26330  
 Ph: 304.933.3036  
 Fax: 304.933.3584

**Charleston, WV**  
 504 Old Goff Mtn. Rd.  
 Cross Lanes, WV 25313  
 Ph: 304.776.1831  
 Fax: 304.776.6790