



PO BOX 10035 PRESCOTT, AZ 86304
Phone: 888.674.6612 Fax: 888.670.0950

AUTHORIZATION TO RELEASE BANK INFORMATION
(IF APPLYING FOR NET PAYMENT TERMS)

Bank Name Account Officer

Phone Number Fax Number

Address City State Zip

Checking Account No.

Loan Account No.

Please accept this as authorization to release the following information to LaserGifts for the sole purpose of extending credit. I understand that this information will be kept in the strictest confidence between your organization and LaserGifts. I authorize this information to be faxed to LaserGifts.

Company Name: _____ Date: _____

Authorized Signer: _____ Title: _____

Sincerely,



P.O. Box 10035 – Prescott, AZ 863304
 Phone 888-674-6612 Fax 888-670-0950

Credit Application for a Business Account

BUSINESS CONTACT INFORMATION		
Company name:		
Company address:		
Phone #:	Fax #:	
How long at current address?	Date business commenced:	
If you have been at the above address less than a year please supply previous address.		
Company address:		
Check One: Sole Proprietor _____ Partnership _____ Corporation _____ Other _____		
Taxpayer ID:	Resale #:	Credit requested \$
Bill to address:		
Accounts payable contact:		
Phone:	Fax:	E-mail:
LIST NAME (S) OF CORPORATE OFFICERS, PARTNERS, OR OWNERS.		
Name:	Social Security No.	
Home address:		
Name:	Social Security No.	
Home address:		
Name:	Social Security No.	
Home address:		
BANK REFERENCE		
Bank name:		
Bank address:		
Phone #:	Fax #:	
Type of account:	Account #:	
Type of account:	Account #:	
TRADE REFERENCES		
Company name:		
Company address:		
Phone #:	Fax #:	Account Number:
Company name:		
Company address:		
Phone #:	Fax #:	Account Number:
Company name:		
Company address:		
Phone #:	Fax #:	Account Number:
CREDIT POLICY		
By submitting this application, you authorize LaserGifts to make inquiries into the banking and trade referenced that you have supplied on this application. The undersigned indemnify and hold harmless, LaserGifts from any and all liability connected with such contact.		
Signed by:	Date:	
Signed by:	Date:	