



Confidential Credit Application

Please forward this completed form with the required financial statements to:
Laser Networking, Inc., 9850 Pelham Road, Taylor, MI 48180
Please call 1-800-841-2724 with your questions. Our fax number is 313-295.0871.

Company Name: _____

Trade Name: _____

Street Address: _____

Billing Address: _____

City/State/Zip: _____

Telephone #: _____ Fax #: _____

Accounting Contact: _____

Duns #: _____ MC#: _____

- Have you ever filed bankruptcy ? Y / N If yes when ? _____

Principal Officers:	Title
_____	Title
_____	Title
_____	Title

References: (Please provide 6)

Trucking Reference: Name, Address, Telephone, Contact

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Trucking Reference: Name, Address, Telephone, Contact

Trucking Reference: Name, Address, Telephone, Contact

Trucking Reference: Name, Address, Telephone, Contact

Bank Reference:

Bank Name : _____ Account # : _____

Telephone #: _____ Contact: _____

The undersigned warrants that the above information is true and is furnished to Lasernet for the purpose of establishing a credit relationship. The undersigned authorizes Lasernet to check verify and confirm the above information or perform other queries necessary to make a credit evaluation of the applicant.

The undersigned hereby agrees to pay the account in full within Fifteen (15) days from the invoice date. The undersigned also agrees to pay collection and attorney fees in the event that the account is forwarded to a third party collections firm. Dispute of any invoice must be report immediately upon receipt .

Date: _____ Signature: _____ Title: _____

INCOMPLETE CREDIT APPLICATIONS WILL DELAY THE APPROVAL PROCESS !

Updated 5-4-06