

LA SALLE COPY SERVICE, INC.

300 South Wacker Drive • Chicago, IL 60606 • ph:312.341.1443 • fx:312.341.0150
www.lasalle1985.com

OPEN CREDIT APPLICATION

COMPANY INFORMATION

Company Name: _____ Suite: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

CORPORATION SINGLE OWNER PARTNERSHIP SUBSIDIARY

#Years of business under this name: _____

Other business name (if applicable): _____

Owners Name: _____

BANK INFORMATION

Bank Name: _____ Phone: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Acct#: _____

CREDIT CARD INFORMATION (Must be provided)

Credit Card Number: _____ EXP. Date _____

Authorizing Signature: _____ Card Type [MC] [VS] [AX] [DC] [DS]

TRADE REFERENCES

Name: _____ Phone: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Acct#: _____

Name: _____ Phone: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Acct#: _____

Name: _____ Phone: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Acct#: _____

Our Credit Terms are Net 15

First order is COD and will be charged to the credit card number listed above. If future bills are not paid after 30 days, they will also be charged to this card. Your signature below consents agreement.

Signature

Print Full Name

Title

Print Title

Date