

1005 E. LOCUST STREET P.O. BOX 965 DEKALB, IL 60115 P: 815.756.2741 TOLLFREE: 800.435.4481 F: 815.756.7048

REQUEST FOR CUSTOME	R ACCOUNT		
Company Name			
Mailing Address			
City	State	Zip Code _	
City	State	Zip Code	
	Fax Nu		
	Requested Credit		
COMPANY TYPE			
	nip Division/Subsidiary Larent Company		
OFFICERS			
Mail Confirmations E	mail Confirmations Email addr	ess:	
	nvoices Email Address:		
TRADE REFERENCES			
Supplier Name	Contact Name	Phone Number	Fax Number
• •			
2)			
3)			
4)			
./			
BANK REFERENCES			
Bank Name	Contact Pe	erson	
Address			
	Fax Numb		
D & B Number	Federal Tax	ID Number	
The undersigned warrants that all ir established. All invoices, including a an interest rate of 1-½% per month	RMATION ACCURACY AND RELEATION ACCURACY AND RELEATION TO THE AMERICAN AND RELEATION AN	and accurate, and references will be one of the control of the undersign that the saccount is the control of th	checked before credit is ned also understands that
Signature	Date _		
1100			