



Re: Credit Application
Phone: 866-972-0505
Fax: 801-972-0507

Please fill out and fax back all three pages of this credit application to Laser Stop as soon as possible as the approval process can take up to two weeks.

1. Please fill out the credit application in its entirety.
2. Please notify your Trade References that a Laser Stop representative will be contacting them at your request.
3. Please provide all bank and financial information and sign and date the last page.
4. Please fax entire completed application to Laser Stop.

Please note that the more financial information, trade references, bank references, and information provided will help to ensure that your application is processed in a timely manner.

If the forms are filled out incorrectly or lack any information, please note that this will delay the approval process and therefore delay your credit terms with Laser Stop.

Thank you. We look forward to doing business with you.

CREDIT APPLICATION

INCOMPLETE APPLICATIONS CAN NOT BE PROCESSED

Please complete and fax to 801-972-0507.

COMPANY INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (_____) _____ - _____ FAX: (_____) _____ - _____

E-MAIL ADDRESS FOR INVOICE'S TO BE SENT TO: _____

BILLING INFORMATION IF DIFFERENT THAN ABOVE:

COMPANY NAME: _____

ADDRESS: _____

PHONE: (_____) _____ - _____ FAX: (_____) _____ - _____

PARENT COMPANY (IF SUBSIDIARY): _____

YEARS IN BUSINESS: _____ # OF EMPLOYEES: _____

REQUESTED CREDIT LIMIT: _____

D & B # _____ TAX ID # _____

TYPE OF BUSINESS: (CHECK ONE)

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____

LIMITED LIABILITY COMPANY _____ OTHER (SPECIFY) _____

OWNERSHIP INFORMATION

PLEASE COMPLETE THE INFORMATION BELOW FOR ALL OFFICERS, PARTNERS, MEMBERS AND OWNERS. PLEASE ATTACH A SEPARATE SHEET OF PAPER IF NECESSARY.

NAME	TITLE	% OWNER	ADDRESS	PHONE

TRADE REFERENCES

Please complete and fax to 801-972-0507.

NAME: _____ ACCOUNT # _____

ADDRESS: _____

PHONE: (_____) _____ - _____ FAX: (_____) _____ - _____

NAME: _____ ACCOUNT # _____

ADDRESS: _____

PHONE: (_____) _____ - _____ FAX: (_____) _____ - _____

NAME: _____ ACCOUNT # _____

ADDRESS: _____

PHONE: (_____) _____ - _____ FAX: (_____) _____ - _____

NAME: _____ ACCOUNT # _____

ADDRESS: _____

PHONE: (_____) _____ - _____ FAX: (_____) _____ - _____

BANK REFERENCES

BANK NAME: _____ ACCOUNT # _____

BRANCH: _____ ADDRESS: _____

PHONE: (_____) _____ - _____ CONTACT NAME: _____

BANK NAME: _____ ACCOUNT # _____

BRANCH: _____ ADDRESS: _____

PHONE: (_____) _____ - _____ CONTACT NAME: _____

CREDIT AGREEMENT

The information contained herein is submitted by the undersigned for the purpose of obtaining credit from Laser Stop. Please complete and fax to 801-972-0507.

The undersigned hereby authorizes the banks, trade references listed herein and any consumer or business credit reporting agency to release and/or verify orally or in writing to Laser Stop any information given in this document and to disclose any information which may bear upon the undersigned's creditworthiness.

The undersigned agrees to make payment in full to Laser Stop for all purchases in accordance with the terms set forth in invoice(s) by Laser Stop(as well as finance charges, to be assessed at 1.5% per month, for unpaid invoices not in dispute)and to notify Laser Stop, in writing, within six months of the invoice date of any and all claims for discounts, adjustments, allowances or other credits of any kind. Should the undersigned default in any such payment, the undersigned agrees to pay all reasonable expenses including attorney's fees and costs incurred by Laser Stop in the collection of any obligation of the undersigned owed to Laser Stop. The undersigned agrees to pay a \$50 handling fee per check returned for "Non-sufficient funds".

This agreement shall be governed by the laws of the State of Utah. To the extent any provision of this agreement is found by a court of competent jurisdiction to violate any applicable law, or is otherwise unenforceable such provision shall be construed so as not to violate such applicable law, and to otherwise be enforceable. The remainder of this agreement shall remain in full force and effect.

The undersigned agrees to notify Laser Stop of sales of the undersigned's business or any other change in ownership at least 15 days prior to such sales or change in ownership, such notice to be faxed to Laser Stop.

Note: If the Purchaser is a corporation, this application should be signed on its behalf by the president, chairman, vice president, or the treasurer. If the Purchaser is a partnership, it should be signed by a general partner. In all events, the individual signing this application represents and warrants to Laser Stop that he or she has the legal power and authority to sign this application on behalf of the Purchaser.

DATE _____ SIGNATURE: Officer/Principal _____

TITLE: _____ PRINTED NAME _____