



2605 Technology Dr. Suite 360
Plano, TX 75074
(469) 241-1877
fax (469) 241-1809
lamination@sbcglobal.net

Company Information

Company Name: _____

Phone: (____) _____ Fax: _____

Purchasing Agent/Contact Person(s):

Accounting Contact Person: _____

Email address: _____

Billing Address: _____

City: _____ State _____ Zip Code _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Payment Method: CASH, CHECK, or CREDIT CARD. (circle one)

Credit Card Account Number: _____

Exp. Date: _____ Address Number: _____ Zip : _____

Terms & Conditions

Terms to open accounts are NET 30 days from date of invoice. A bank and three trade references are required to establish an open account. Otherwise, cash, check or credit card is required when order is picked up or delivered.



2605 Technology Dr. Suite 360
Plano, TX 75074
(469) 241-1877
fax (469) 241-1809
lamination@sbcglobal.net

Company Name: _____

Bank Information

Bank _____
Account No. _____ Phone _____
Address _____
City _____ State _____ Zip Code _____

Trade Reference

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____
Account # _____ Acct. Payable Contact _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____
Account # _____ Acct. Payable Contact _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____
Account # _____ Acct. Payable Contact _____

NOTES:



2605 Technology Dr. Suite 360
Plano, TX 75074
(469) 241-1877
fax (469) 241-1809
lamination@sbcglobal.net

Credit Card Authorization Form

I, _____, hereby authorize The Lamination Center to make charges in the amount of \$ _____ to my Credit Card in consideration for services or products as requested by me or authorized users of this credit card. I hereby designate as authorized users of this card the following persons to make charges on said card for arrangements in the event that I am unable to personally do so (if none state "None"):

1.	2.
3.	4.

No other persons are authorized to make charges on said account without my express authorization. In the event any of the above named persons make unauthorized charges against this card, I hereby agree to indemnify and hold blameless The Lamination Center, for any and all such charges, claims and liability related hereto. I agree to immediately notify The Lamination Center of any changes to the identity of Authorized Users.

Credit Card Type: Visa MasterCard American Express Discover Other

Credit Card Number: _____ Expiration Date: _____

Billing Name (as it appears on credit card): _____

Billing Address (where credit card statements are sent to):

Telephone Number: _____

Cardholder signature: _____

Date: _____