



LANCORE Technologies

A Corporate Solution Provider

CLIENT INFORMATION

Company/Client Name: _____

Billing Address: _____

City: _____ State: ___ Zip: _____ Phone: _____ Fax: _____

Purchasing Contact: _____ A/P Contact: _____

Type of Ownership: Corporation ___ Partnership ___ Limited Partnership ___ Proprietor ___

Shipping Address: _____

City: _____ State: ___ Zip: _____

Taxable: Yes ___ No ___ Tax-Exempt #: _____ (Include copy of tax-exempt form)

****The following pages should only be completed to be processed for NET terms****

PRINCIPALS

Dun & Bradstreet# _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

BANKING INFORMATION

Bank Name: _____ Address _____ Phone(____) _____

Contact: _____ Account #: _____ Checking ___ Loan ___

CREDIT REFERENCES

Name _____ Address _____ Phone _____

Contact: _____ Account # _____

Name _____ Address _____ Phone _____

Contact: _____ Account # _____

Name _____ Address _____ Phone _____

Contact: _____ Account # _____

Our standard terms are NET 15 days with a 5-day grace period to allow for mail time.

An RMA# is required for all product returns.

All product returns are subject to a 20% restocking fee.

Acceptance of above terms by:

Authorized Signature



AUTHORIZATION TO RELEASE BANK INFORMATION

(Please print)

TO: _____ **REGARDING:** _____
(Your Bank Name) (Your Company name)

We are currently in the process of establishing net terms with **LANCORE TECHNOLOGIES, INC.** We therefore authorize you to release to **LANCORE TECHNOLOGIES, INC.** all necessary banking information, as requested below. Please provide the requested information to **LANCORE TECHNOLOGIES, INC.** directly in order to expedite our application.

Contact Name: _____ **Phone# ()** _____ **Fax# ()** _____

Checking A/C #: _____ **Savings A/C:** _____

Authorized Officer:

Signature) (Printed Name) (Title) (Date)

* * * * * **FOR BANK USE ONLY** * * * * *

Checking A/C#: _____ **Savings A/C#:** _____

Date Opened: _____ **Date Opened:** _____

Avg. BAL. For Past 6 months: \$ _____ **Avg BAL. For Past 6 months: \$** _____

Insufficient funds?: Yes () No ()
How many times? _____ **How much?** _____

Rating: Excellent () Good () Satisfactory () Poor ()

Comments: _____

Prepared by: _____
Signature) (Printed Name) (Date)