



Application for Credit

To avoid any delay in processing, complete in full. All information to be held in confidence.

* This is NOT an online form. Please print out, complete and fax to 518.438.3942

Submitted to: Lane Press of Albany, Inc.

Sales Rep. _____

Bill To:

Ship To:

Exact Name _____

Exact Name _____

Division or Subsidiary _____

Division or Subsidiary _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone (____) _____

Phone (____) _____

General Business Information

Type of Business _____

D.B.A. Individual Partnership Corporation

Years in business _____ Year of Incorporation _____ State of Inc. _____

Officer's Name

Title

Are you SALES and/or USE TAX exempt?
 Yes - if yes, please insert your certificate no. below
 No
Certificate No. _____
Accounts Payable Contact: _____
Phone No. (____) _____

Bank Reference

Bank Name _____ Officer Handling _____

City _____ State _____ Zip _____ Phone No. (____) _____

Checking Acct. No. _____ Savings Acct. No. _____ Other _____

Business Credit Reference (List a minimum of three)

Name	Address, City, State, Zip	Phone No.
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____
4. _____	_____	(____) _____

We certify that all the information on this form is correct; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Date _____ 20____ (signed) _____
(title) _____

Please do not write in the space below

References checked by: _____
Reference results: _____

Credit approved by: _____
 Credit refused by: _____
Date _____