

## **Credit Line Request**

Thank you for your interest in Lamin-Art. To establish a line of credit with us, please list your trade references below. Account information submitted on this form will remain confidential and be used for the sole purpose of communicating with you and/or your trade references regarding your account. Under no circumstances does Lamin-Art sell or disclose personal information to third parties. We appreciate your interest in Lamin-Art's premium decorative surfacing materials and we look forward to doing business with you.

Company Name:  Address/City/State/Zip:			
	ith whom you have been buying o processing. Please include fax and		n six months.
Name:		Name:	
Acct#:		Acct#:	
Street:		Street:	
City:	State: Zip:	City:	State: Zip:
Phone: ()	Fax: ()	Phone: ()	Fax: ()
Name:		Name:	
Acct#:		Acct#:	
Street:		Street:	
City:	State: Zip:	City:	State: Zip:
Phone: ()	Fax: ()	Phone: ()	Fax: ()
	nin-Art does not send monthly shipment. We can mail invoice		axed to the number provided above
Company acknow Company also ack additional charge	ledges and agrees that Lamin- knowledges responsibility for a s incurred due to collection ac	-Art's payment terms are " any and all collection fees, tion(s).	Net 30 days from date of invoice." interest, attorneys' fees, or other
Signature:		Date:	
Print Name:		Title:	

Please fax completed form to our Accounting Department at 847.860.9199