



Lauterbachgroup

solution driven printing, packaging & converting

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262.506.1743

APPLICATION FOR CREDIT - FILL IN COMPLETELY

COMPANY INFORMATION

COMPANY _____	DATE _____
STREET ADDRESS _____	CITY/STATE/ZIP _____
PHONE _____	FAX _____

TRADE REFERENCES

COMPANY _____	COMPANY _____
STREET _____	STREET _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____
COMPANY _____	COMPANY _____
STREET _____	STREET _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____

BANK INFORMATION

NAME OF BANK _____	BRANCH _____
CITY/STATE/ZIP _____	
CHECKING ACCT# _____	SAVINGS ACCT# _____
BANK OFFICER _____	PHONE# _____
I hereby authorize the above bank to release pertinent information in order to apply for an open line of credit.	
SIGNED BY: _____	
NAME	TITLE

CREDIT CARD INFORMATION

MASTERCARD _____	VISA _____
CREDIT CARD NUMBER _____	
NAME ON CREDIT CARD _____	EXPIRATION DATE _____
I am the authorized signer on above card and hereby give the Lauterbach Group, permission to bill my credit card.	
SIGNATURE _____	

GENERAL INFORMATION

DUNS# _____	SIC CODE _____	SOCIAL SECURITY# _____
FEDERAL ID# _____	YEAR ESTABLISHED _____	
() DIRECT () DEALER - ENCLOSE RESALE CERTIFICATE () QUICK PRINTER - ENCLOSE RETAIL CERTIFICATE		

IF LOCATED IN WISCONSIN, PLEASE ATTACH YOUR TAX EXEMPT CERTIFICATE TO THIS FORM