



SA-034-FRM-5-Billing Information

Billing Company Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 A/P Contact Name: _____ Email Address: _____
 Phone Number: _____ Ext. _____ Fax Number: _____

PO Required: YES NO
 What type of PO? Annual Per Invoice

What are your invoicing requirements?

How many copies of invoices are needed?
 (There is an administrative fee for additional invoices, shipping documents and recycling certificates.) _____
 Invoice goes to whom? _____
 At what address? _____
 Recycling Certificate goes to whom? _____
 At what address? _____
 Shipping Documents go to whom? _____
 At what address? _____

The above information is for the purpose of obtaining credit and is warranted to be true. I / We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Lamp Environmental Industries, Inc. terms are due 30 days after the invoice date. In accordance with the buyers direct pay certificates the buyer will accrue and remit directly to state of purchase any applicable state or local sales or use taxes.

Authorization Name	Title:	Date:
Customers Comments:		

LEI ACCEPTS:
CHECKS- DIRECT DEPOSIT- VISA- MASTERCARD- AMERICAN EXPRESS