

# ACCOUNT APPLICATION

To submit by mail:  
New Accounts  
Outland Technology Inc.  
38190 Commercial Ct.  
Slidell LA 70458-8612

Questions? Call:  
985-847-1104

www.outlandtech.com  
sales@outlandtech.com

To submit by fax:  
985-847-1106

Please complete all sections of this application.  
Please attach current Financial statements  
Please attach completed sales and use Tax Certificates

Company Name \_\_\_\_\_

State business license # and type: \_\_\_\_\_

Address \_\_\_\_\_

(Louisiana Companies) You must also complete and submit resale certificate or sales tax will be charged on all purchases.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Tax exempt (Federal Employer I.D.) #: \_\_\_\_\_

E-mail address \_\_\_\_\_

Years/months in business \_\_\_\_\_ Type of business  Corporation  Partnership  Proprietorship  LLC

Person to Contact \_\_\_\_\_ D&B # \_\_\_\_\_ Credit Required \$ \_\_\_\_\_

## Owners or Officers

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Bank information

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Type of account \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

## Credit references (no credit card accounts, please)

Company \_\_\_\_\_ Address \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Product/services purchased \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Product/services purchased \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Product/services purchased \_\_\_\_\_

The applicant agrees and warrants that the above information, financial statements or other documents furnished by applicant or on applicant's behalf are true and complete statements as of the date they bear. Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for granting of credit.

We acknowledge that all invoices are due upon receipt. We hereby grant Outland permission to conduct a credit investigation of our business, including, but not limited to bank and credit references, and credit information providers. For invoices not paid within 30 days, we agree that Outland may assess, and we agree to pay, reasonable late charges (not to exceed 1.5% per month, as permitted by law), attorneys' fees, collection agency fees and other costs associated with collection. This agreement shall be governed by the laws of the State of Louisiana.

\_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Name) (Title)

FAX BACK TO: 985-847-1106