



ENJOY LAURA, INC.

6000 Avalon Blvd. Unit B
Los Angeles, CA 90003
Tel: 323-800-7769 Fax: 213-596-0204

"Enjoy Plastics, Enjoy Life!"

NET 30 DAYS TERM APPLICATION APPROVAL

Complete Name of Business: _____

Address in Full: _____

Resale Certificate: _____ DUNS: _____ City _____ State _____ Zip Code _____

Telephone Number: () _____ Total Number of Employees: _____

Fax Number: () _____

Check One: Corporation Partnership Proprietorship Personal

Names of Principals: _____ Title: _____

Building Location : Owned Rent Leased Title: _____

Type of Business: _____ Year Established _____

BANK REFERENCE

SIGNATURE BELOW INDICATES CONSENT TO RELEASE BANK INFORMATION TO ENJOY LAURA, INC.

Bank Name: _____ Branch: _____

Bank Address: _____

Person to Contact _____ Phone: _____ Fax: _____

Checking Account Number: _____

AUTHORIZED PARTY TO SIGN CHECKS: _____ TITLE: _____

Resident Phone: _____

Resident Address: _____

Address _____ City _____ State _____ Zip Code _____

Driver's License No.: _____ State: _____ Date of Birth: _____

Applicant's signature attests financial responsibility for all company checks made payable to ENJOY LAURA, INC.

Firm Name: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____