



ACCOUNT AGREEMENT

Business Name:
Billing Address:
Shipping Address:
City, State, Zip:
Telephone #: Fax #:
Federal I.D.#: Tax Exempt: Yes No (if yes, attach a tax exempt form)
Purchase Order Required? Yes No Business Type:
Names of Persons Authorized to Issue Purchase Order:

INVOICING

Preferred Invoice Method: [] E-mail Address
[] Mail Address

CORPORATE OFFICERS

President: Vice President:
Sec/Tres:

BANK REFERENCES

Bank: Address:
Telephone #: Account #:

CONTACTS

Accounts Payable: E-mail:
Purchasing: E-mail:
Shipping: E-mail:

TRADE REFERENCES

Table with 5 columns: Company, Address, Contact, Telephone #, Fax #. Rows 1, 2, 3.

TERMS & CONDITIONS OF ACCOUNT AGREEMENT

PAYMENT TERMS UNLESS OTHERWISE NEGOTIATED OR AGREED UPON ARE NET 30 DAYS.
ANY ACCOUNT WITH AN UNPAID INVOICE OVER 40 DAYS OLD WILL BE CONSIDERED PAST DUE.
An additional 1-1/2% per month interest will be charged on all amounts not paid within 30 days after due date, both before and after judgment, and continuing each month until paid. In the event of default, the undersigned agrees to pay all costs of collections and attorneys' fees whether hourly or contingent, but not be less than 10% of the amount due if contingent, together with court costs, and further agrees that any legal action brought hereunder may be brought in Salt Lake County, Utah. No terms or conditions hereof may be changed except by written consent of LACO Technologies. All sums due for goods and/or services purchased by, for or on behalf of the undersigned are payable to LACO TECHNOLOGIES, INC. 3085 WEST DIRECTORS ROW, SALT LAKE CITY, UTAH 84104.

This agreement shall be binding on the successors and assigns of (Company Name)

The undersigned warrants that he/she has authority to execute this ACCOUNT AGREEMENT and to bind said company to the terms contained therein. We understand, acknowledge, and accept LACO TECHNOLOGIES, INC. terms of sale and certify that the information given herein is true and correct. We hereby authorize you or your agent / representative to secure a credit report and agree to the release of credit information. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.

Dated this day of 20
Company Name
Signed: Title:
Print Name:

3085 West Directors Row ~ Salt Lake City, UT 84104
Phone: (801) 486-1004 ~ Toll Free: (800) 465-1004 ~ Fax: (801) 486-1007