



L.A.S. Associates/FAIM Reps, LLC
APPLICATION FOR CREDIT/BUSINESS ACCOUNT
 fax. 585.582.1987

FAIM REPS, LLC
FILTRATION AND ICE MACHINES

Business Contact Information

Title:
 Company Name:
 Business Phone: Fax: EMail:
 Registered Company Address:
 City: State: Zip Code:
 Business Start Date: Sole Proprietorship: Partnership: Corporation: Other:

Banking and Credit Information

Primary Business Address:
 City: State: Zip Code:
 Time at current address:
 Phone: Fax: EMail:
 Bank Name: Bank Address:
 City: State: Zip Code:
 Bank Phone:

Type of account:	Account Number
Checking	
Savings	
Other	

Business/Trade References

3 total

Company Name:
 Business Phone: Fax: EMail:
 Registered Company Address:
 City: State: Zip Code:
 Type of Account: Doing Business Since (Year):

Company Name:

Business Phone:

Fax:

E-Mail:

Registered Company Address:

City:

State

Zip Code:

Type of Account:

Doing Business Since (Year):

Company Name:

Business Phone:

Fax:

E-Mail:

Registered Company Address:

City:

State

Zip Code:

Type of Account:

Doing Business Since (Year):

Account Agreement

1. All invoices will be paid no more than 30 days from the pay by date on the invoice.
2. Any claims arising from invoice must be made within 7 business days, after 7 business days L.A.S./FAIM retains the right to deny claims on a case by case basis.
3. By submitting this application, you are authorizing L.A.S./FAIM to make inquiries into the banking and business/trade references that you have supplied.

Authorizing Signatures

Title:

Title:

Date:

Date:

if mailing submit to:

L.A.S. Associates/FAIM Reps, LLC
 PO Box 119
 Routes 5 & 20
 West Bloomfield, NY 14585

to submit electronically:

Email: support@faimreps.com

Fax: 585.582.1987

