



MICRON LASER TECHNOLOGY
 5560 NE WAGON DRIVE
 HILLSBORO OR, 97124
 TEL: (503) 439-9000
 FAX: (503) 439-3365

Credit Application

Company Information		
Company Name:		Contact Person:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:
Type of business:		
Taxpayer ID Number (TIN):		Name of Principal:
DUNS Number:		Year business established:

Bank References		
Bank Name:		Account Number:
Address:		
City:	State:	Zip Code:

Trade References		
Company Name:		Contact Person:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:
Company Name:		Contact Person:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:
Company Name:		Contact Person:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:

Terms: Invoices are payable within 30 days of invoice date. The undersigned assures that the information contained above is true and correct; and furthermore, hereby authorizes the release of information from the listed credit references and banking institution to Micron Laser Technology, INC.

BY COMPLETING AND RETURNING THIS APPLICATION TO MICRON LASER TECHNOLOGY, INC. THE APPLICANT REPRESENTS THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT WILL ALSO AGREE TO NOTIFY MICRON LASER TECHNOLOGY, INC. OF ANY CHANGE IN COMPANY OWNERSHIP OR MANAGEMENT

Company: _____ Date: _____

Printed name: _____ Signature: _____ Title: _____

Please E-mail your response to derekj@micronlaser.com or fax to 503-439-3365