



NEW CUSTOMER FORM

COMPANY NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
DELIVERY ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	E-MAIL:
OWNER / PRINCIPAL:		HOME ADDRESS:
CITY:	STATE:	ZIP:
HOME PHONE:		CELL PHONE:

AUTHORIZED SIGNER IF DIFFERENT FROM ABOVE:		
HOME ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:		SOCIAL SECURITY:

DRIVERS LICENSE#			
HEIGHT:	WEIGHT	EYE COLOR	HAIR COLOR

CREDIT CARD PAYMENT	VISA	MASTER CARD	AMERICAN EXPRESS
CARD NUMBER		Exp/ Date	CSV Code

CARDHOLDER SIGNATURE	PROOF OF SIGNATURE / CARD COPY REQUIRED
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DRIVERS LICENSE#			
HEIGHT:	WEIGHT	EYE COLOR	HAIR COLOR

This is not a Credit Application, but if approved we will allow the above names company to pay by check. All authorized persons must have the above information on file. All returned checks are subject to a service charge of \$ 40.00 or 5% of the face amount, whichever is greater. By signing below I give LARS. LLC permission to contact my bank for information to process this request.

Signature:	Title:	Date:
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Return completed Form to Credit Manager circled below along with your
 "BLANKET RESALE CERTIFICATE" If applicable
NOTE: A new updated certificate must be submitted annually under a New Florida Ruling
 Enacted in 1999. Failure to submit this Form will result in losing your Resale Tax Exemption.

YOUR #1 SOURCE FOR ALL WOODWORKING SUPPLIES

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| Miami
4300 NW 37th Ave.
Miami, FL 33142
Tel: 305.635.3300
Fax: 305.635.1300 | Sarasota
1575 Cattlemen Rd
Sarasota, FL 34232
Tel: 941.371.5238
Fax: 941.371.5846 | Orlando
1264 La Quinta
Orlando, FL 32809
Tel: 407.855.2282
Fax: 407.855.4453 | Pompano Beach
1040 SW 10th Ave
Pompano Beach, FL 33069
Tel: 954.581.0444
Fax: 954.581.0495 | <div style="text-align: center; color: red; font-weight: bold;">New Address</div> Tampa
5012 West Knollwood St
Tampa, FL 33634
Tel: 813.882.0322
Fax: 813.882.0264 | West Palm
2250 Australian Ave.
Riviera Beach, FL 33404
Tel: 561.844.2277
Fax: 561.844.2271 |
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