



OPEN ACCOUNT AGREEMENT

BUSINESS NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE # _____ FAX # _____

TYPE OF BUSINESS: _____

FEDERAL I.D.# _____ TAX EXEMPT: YES ___ NO ___ (if yes attach a tax exempt form)

PURCHASE ORDER REQUIRED? YES _____ NO _____

NAMES OF PERSONS AUTHORIZED TO ISSUE PURCHASE ORDER: _____

CORPORATE OFFICERS:

PRESIDENT: _____ VICE PRESIDENT: _____

SEC./TRES: _____

BANK REFERENCES:

BANK: _____ ADDRESS: _____

TELEPHONE #: _____ ACCOUNT #: _____

OFFICER TO CONTACT: _____

TRADE REFERENCES:

COMPANY	ADDRESS	CONTACT	TELEPHONE #//FAX#
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

TERMS & CONDITIONS OF OPEN ACCOUNT

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 day, both before and after judgement, and continuing each month until paid. In the event of default, the undersigned agrees to pay all costs of collection 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., 139 WEST 2260 SOUTH, SALT LAKE CITY, UTAH 84115.

This agreement shall be binding on the successors and assigns of _____
 (company name)

The undersigned warrants that he/she has authority to execute this OPEN 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/representatives 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: _____