



LabJack Corporation
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Lakewood, CO 80227 USA

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Credit Application

*Payment terms are NET30 if approved.

Company name & billing address:

Company Accounts Payable (A/P) contact information:

Name:

Email:

Phone:

Fax:

Will you accept electronic invoices to the above email?

If not, will you accept invoices to the fax above?

If not, specify other invoice requirements:

Colorado sales tax exemption # (if applicable):

Name & contact info (email preferred) for 3 references:

1.

2.

3.