

LAMATEK, Inc. Contact Information

Thank You for Choosing LAMATEK!

For Quotes and Orders:

Customer Service	
Janine Clauss National Sales Manager, Window & Door	jclauss@lamatek.com 856 599 6000 ext. 117
Lauren Moss Customer Service Specialist	orders@lamatek.com 856 599 6000 ext. 151

Quality Assurance Department	
Terri Chicosky Quality Manager	terri@lamatek.com 856 599 6000 ext. 113

Accounting Department	
Patrick Rindt Credit & AR Manager	credit@lamatek.com 856 599 6000 ext. 105 Contact for: Credit Applications and Billing Issues
Monique Woods Accounting Manager	mwoods@lamatek.com 856 599 6000 ext. 124 Contact for: EFT/ Wires
Christine Ronkin, CPA Controller	cronkin@lamatek.com 856 599 6000 ext. 103 Contact for: Final Collection and Credit Issues

Options for Credit Terms:

Credit Card: Immediate approval – no references needed.

Credit card is authorized, but not charged until order is shipped.

- Fill out Credit Card Form and sign.

Cash in Advance: Approval when remittance is received by LAMATEK – no references necessary.

Order is processed when funds are received.

- Send funds to LAMATEK per payment options below.

Net 30: References and credit application required - Approval process is generally 3-5 days depending on response time from customer's references.

Payment is due within 30 days of shipment per payment options below.

- Complete Credit Application and fax or email to LAMATEK.

Payment Options:

Check payable to: LAMATEK, Inc
1226 Forest Parkway
West Deptford, NJ 08066-1728

Bank ACH or Wire: send request for banking information to Credit@Lamatek.com

Thank you for choosing LAMATEK!

Here is a checklist of what is needed to get you set up:

Please provide:

- IRS Form W-9
- Sales Tax Exempt Certificate (if applicable)

Select billing preference:

- E-invoice _____
Backup
email _____
- Fax _____
- Mail _____

Choose Terms for Credit:

- Credit Card (No references)
- Cash in Advance (Order entered when funds are received by LAMATEK)
- Net 30 (Credit Application needed)

Select Payment Option:

- Mail in Check
- Credit Card (Credit Card terms only)
- Bank ACH (no customer fee)
- Bank Wire (customer fee)

Please make all checks payable (in US Funds only) to:

LAMATEK Inc.
1226 Forest Parkway
West Deptford, NJ 08066-1728

CONFIDENTIAL CREDIT APPLICATION

Customer Information		
Company Name:	Federal Tax ID #	Date:
Billing Address:		
Billing Contact Name:	State and Year of Incorporation:	
Billing E-mail:	Billing Telephone:	
Additional Billing Contact: (Controller, AP Supervisor)	Additional Billing E-mail:	
Credit Line Requested	<i>Type of Organization:</i> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>	
<input type="checkbox"/> IRS Form W-9 attached	<input type="checkbox"/> Sales Tax Exempt Cert. Attached	<input type="checkbox"/> Not Tax Exempt

List Trade References Below (or attach your own reference sheet)	
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Contact E-mail	Contact E-mail
Phone #	Phone #
Fax #	Fax #
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Contact E-mail	Contact E-mail
Phone #	Phone #
Fax #	Fax #

Bank Reference (use additional pages if necessary)	
Name of Financial Institution:	
Address:	
City/State/Zip:	
Fax #	Phone #
Contact E-mail	
Checking Account #	Saving Account #
Loan Account #	
Filed bankruptcy in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?	
Any litigation pending against Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach additional page (s) and describe.	

CREDIT POLICY:

Payment terms are net thirty (30) days from date of invoice, unless otherwise stated. All payments must be in US Funds. Delinquent accounts that remain unpaid beyond sixty (60) days will be placed on "Credit Hold". While an account is on Credit Hold, no orders will be shipped until past due invoices are remedied. Accounts consistently on Credit Hold or over sixty (60) days old will be placed on permanent cash in advance or Credit Card.

AGREEMENT:

The undersigned, being a duly authorized representative of the company named above does hereby make application to LAMATEK, Inc. for credit. We warrant the information shown above to be true and complete. We authorize LAMATEK, Inc. to investigate references herein, statements, or other data obtained from us or from any other person pertaining to our credit and financial responsibility. We agree to honor the payment terms as stated in the above Credit Policy and guarantee to pay all amounts when due. We agree to notify LAMATEK, Inc. of any allegedly defective product received from LAMATEK, Inc. and of any discrepancy with any invoice within **30 days** of receipt and that the failure to notify LAMATEK, Inc. of any such defect or discrepancy within the 30 day period waives any and all rights to raise such defect or discrepancy at a later date. **It is further agreed that in the event of such suit or action, same shall take place in Gloucester County, New Jersey and that New Jersey laws shall govern all collection activity.**

*Signature _____ Printed _____

*Title _____ Date _____

***Required.**

Return to: LAMATEK Credit Dept.
 Fax: 856-599-6010
 Email: credit@lamatek.com

Please provide your company's IRS Form W-9 and Sales Tax Exempt Use Certificate with this application.

LAMATEK, Inc.

1226 Forest Parkway, West Deptford, NJ 08066-1728 – Tel: (856)599-6000 / Fax: (856) 599-6010

