



CUSTOMER DATA SHEET

6411 BURLESON RD
AUSTIN TX 78744
PHONE: 800.262.2611

Name of Business: _____

Billing Address: _____

Billing City, State, and Zip code: _____

Shipping Address: (if different than billing): _____

Shipping City, State, and Zip code: _____

Primary Telephone: _____ Fax: _____

AP Contact: _____ Telephone: _____ Email: _____

Buyer: _____ Telephone: _____ Email: _____

Owner: _____ Email: _____

Date Business Opened: _____ New Ownership: ☐ YES ☐ NO Date of Change: _____

Business Structure: _____ Sole Partnership _____ Partnership _____ Corporation

PLEASE CHECK AT LEAST ONE OF THE FOLLOWING:

_____ Charge my first order only to my credit card

_____ Charge all orders to my credit card

_____ I would like a credit line and terms—completion of Bank and Trade References required

*Cancellation/changes to orders must be made a minimum of 15 business days prior to requested ship date.

*Claims for damages, shortages, or discrepancies must be reported within 15 days from receipt of shipment.

*LANG Brands has a “non-return” policy. A 20% restocking fee will charged for all refusals.

*All overdue accounts are subject to a monthly finance charge of 1.5% (18% annually).

*Orders on past due accounts are subject to hold or cancellation until account is paid in full.

PLEASE SEE OUR COMPLETE TERMS & CONDITIONS AS PRINTED IN OUR CATALOG

Your signature (below) authorizes LANG Brands to open an account for you, and if payment terms have been requested, to conduct a credit investigation in accordance with the Fair Credit Reporting Act, Public Law 91-508.

Signature of Owner, Manager, or Buyer **Date**

Printed Name of Owner Manager or Buyer **Date**



BANK AND TRADE REFERENCES

Name of Business: _____

Billing City, State, and Zip code: _____

BANK INFORMATION

Name of Bank: _____ Account # _____

Address, City, State, and Zip code: _____

Phone: _____ Fax: _____

TRADE REFERENCES

1. Company: _____

Address: _____

City, State, and Zip code: _____

Phone: _____ Account # _____

Fax: _____ Email: _____

2. Company: _____

Address: _____

City, State, and Zip code: _____

Phone: _____ Account # _____

Fax: _____ Email: _____

3. Company: _____

Address: _____

City, State, and Zip code: _____

Phone: _____ Account # _____

Fax: _____ Email: _____