



LASERLINK INTERNATIONAL INC

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www.laserlinkintl.com/ccsf

City and County of San Francisco Account Set Up Form

Department Name			Date
Billing Address	City	State	Zip Code
Phone	Fax	E-mail Address	
Shipping Address		City	State
Number of Employees at location			

Authorized Buyer (s):

Name		
E-mail	Phone	Fax
Would You like to place your order online? Yes / No	Username	Password

Name		
E-mail	Phone	Fax
Would You like to place your order online? Yes / no	Username	Password

Name		
E-mail	Phone	Fax
Would You like to place your order online? Yes / No	Username	Password

Name		
E-mail	Phone	Fax
Would You like to place your order online? Yes / No	Username	Password

Name		
E-mail	Phone	Fax
Would You like to place your order online? Yes / No	Username	Password

Please complete this form and e-mail or fax back to Kiki
E-mail: mylaserlink@yahoo.com Fax: (510) 652-1541