



State Agency Request Form

State Agency Information

Agency Name: _____ New LSO Account# _____

State Agency State Co-Op

Residential Office

Business Office Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Account Payable Contact Information:

Name: _____ Phone: _____ Fax: _____ Email: _____

Account Main Contact Information:

Name: _____ Phone: _____ Fax: _____ Email: _____

Agency PO Number Yes No If yes, please provide PO number: _____

Have you ever done business with LSO before? Yes No

If yes, Account # _____ Phone # Used w/ Account: _____

LSO Sales Department Information ONLY: (Please Print)

LSO Sales Contact: _____ Territory: _____

Regional Sales Manager: _____ Date Submitted: _____

Please Complete Form & Return to:

Fax: 1.866-921-9395

Email: CGarbade@lso.com

Mail: LSO
Attn: Chris Garbade
PO Box 149225
Austin, TX 78714-9225