



Credit Application

Company Name: _____

Sole Proprietorship
Subsidiary
Partnership
Corporation in the State of _____
Division

Ship to Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Number of Employees: _____ Years in Business: _____

Accounts Payable Address (If Different): _____

Accounts Payable Contact: _____ Telephone: _____

Annual Sales: _____ A/P email: _____

Trade References

Company: _____ Contact: _____ Account # _____

Email: _____ Telephone: _____ Fax: _____

Company: _____ Contact: _____ Account # _____

Email: _____ Telephone: _____ Fax: _____

Company: _____ Contact: _____ Account # _____

Email: _____ Telephone: _____ Fax: _____

Bank References

Bank Name: _____ Contact: _____

Address: _____ Telephone: _____ Account # _____

Bank Name: _____ Contact: _____

Address: _____ Telephone: _____ Account # _____

We hereby give permission to LabSource to verify any or all facts disclosed and understand that if credit is accepted, LabSource's payment policy requires all accounts to be paid within thirty (30) days from the date of invoice. The Company agrees to abide by this policy. In case of a question or error in billing, it will be the Company's responsibility to contact LabSource's accounting office immediately to clear up any problem. Accounts not paid within thirty (30) days will be considered delinquent and a 1.5% monthly interest charge will be added to and due upon the unpaid invoice. Any legal fees incurred in collection of accounts will be the responsibility of the Company. Credit may be limited or terminated by LabSource at any time in its sole discretion.

Company Acceptance & Agreement

LabSource Acceptance & Agreement

Company: _____

Credit Limit Approved: _____

Authorized Signature: _____

Manager: _____

Date: _____

Date: _____