

LabCommerce, Inc.

Confidential Credit Application

To establish an account with LabCommerce, Inc., simply print the following credit application and mail or fax it to:

LabCommerce, Inc.

1220 Memorex Drive, Suite 100
Santa Clara, CA 95050
U.S. A.
Tel. (408) 265-6482 | Fax (408) 265-6082
e-mail: info@labcommerce.com

For security purposes, we recommend that your confidential information not be transmitted via e-mail.

Bill to Address Shown Below:

Company: _____
Address: _____
City/State/Zip: _____
Contact Person: _____
Tel. No.: _____

Ship to Address Shown Below:

Company: _____
Address: _____
City/State/Zip: _____
Contact Person: _____
Tel. No.: _____

Bank Reference

Name of Bank: _____ Branch Location: _____
Street Address: _____ Checking Account Number: _____
City/State/Zip: _____ Loan Number: _____
Contact Person: _____ Type of Loan: _____
Tel. No.: _____

Trade References (4)

Company Name: _____ **Company Name:** _____
Street Address: _____ Street Address: _____
City/State/Zip: _____ City/State/Zip: _____
Contact Person: _____ Contact Person: _____
Tel. No.: _____ Tel. No.: _____

Company Name: _____ **Company Name:** _____

Street Address: _____ Street Address: _____

City/State/Zip: _____ City/State/Zip: _____

Contact Person: _____ Contact Person: _____

Tel. No.: _____ Tel. No.: _____

The undersigned hereby grants authority and directs the financial institutions(s) and trade creditors above to release all information requested by LabCommerce.

Signature (owner/officer)

Date

Company Information

Number of employees: _____ SIC code: _____ Type of business: _____

D&B number: _____ D&B rating: _____

Taxpayer I.D.: _____

How much credit are you requesting? _____

Resale Information

Are you purchasing for resale? _____ If you answered yes, you must provide us with a completed, signed resale certificate; otherwise, you will be charged sales tax.

Names of Officers, Partners or Owners

Name: _____

Title: _____

Street Address: _____

City/State/Zip: _____

Agreement

It is understood and accepted by the undersigned officer or owner that:

- 1) All invoices are due and payable on a net 30-day, date-of-invoice basis, unless otherwise agreed to in writing.
- 2) In the event suit is required to enforce collection of unpaid balances, customer agrees to pay reasonable collection and /or attorney fees and all court costs.
- 3) A facsimile copy of this document is to have the same force and effect as an original.
- 4) Any amounts not paid within terms may be subject to a late charge of 1-1/2% per month, APR18%. The undersigned certifies that they are owner or officer of the company, familiar with its financial status and records and fully authorized to sign this agreement.

Signature and title: _____

Print name: _____

Note:

If you have a preprinted list of bank and trade references you may attach it to this application; however, please complete all other information and sign in the appropriate two places.

Return completed Credit Application with original signatures on the two signature pages to:

Attention: Accounting
LabCommerce, Inc.
1220 Memorex Drive, Suite 100
Santa Clara, CA 95050
U.S.A.
FAX (408) 265-6082

For questions or comments, please contact us at:

LabCommerce, Inc.™

Phone (408) 265-6482 | Fax (408) 265-6082
info@labcommerce.com