

LabCommerce, Inc.

Confidential Credit Application

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

LabCommerce, Inc.
P.O. Box 4144
San Jose, CA 95150, U.S. A.

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

Bill to Address Shown Below:

Ship to Address Shown Below:

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

Bank Reference

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

Trade References [Please complete all four (4) boxes below.]

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

Trade References (continued)

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

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)

Print Name: _____

Date: _____

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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 and 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, APR 18%. 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: _____

Title (must be an owner or officer of the company): _____

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.
 P.O. Box 4144, San Jose, CA 95150, U.S.A.

For questions or comments, please contact us at:

LabCommerce, Inc.™
 Phone (408) 265-6482 | meriter@mindspring.com