

CREDIT APPLICATION FORM

Number of Years in Business _____

Expected Monty Testing Amount \$ _____

Type of Business:

Sole Proprietor Corporation Partnership LLC

Business Name _____

Billing Address _____

A/P Contact _____

Phone _____

Email _____

Fax _____

FOR SAMPLE PICKUP ONLY

Address _____

Contact Person _____

Phone _____

Email _____

Fax _____

TRADE REFERENCE 1

Name _____

Address _____

Phone _____

Email _____

Fax _____

TRADE REFERENCE 2

Name _____

Address _____

Phone _____

Email _____

Fax _____

PRINCIPAL OFFICER OR AUTHORIZED SIGNATURE

PRINT NAME

DATE

ADVANCED LABORATORIES OFFICIAL USE

Account No. _____

Approved by _____

Approval Date _____

Credit Limit _____

Account Rep _____

Principal Officer/Contact _____

Title _____

Phone _____

Alt Phone _____

Email _____

Fax _____

BANK REFERENCE

Name _____

Branch Address _____

Account No _____

Bank Officer _____

Phone _____

Email _____

Fax _____

TRADE REFERENCE 2

Name _____

Address _____

Phone _____

Email _____

Fax _____

Terms of Payment are net 30 days for approved accounts, except as otherwise provided in Advanced Laboratories' Terms of Service, which are available online. Unpaid balances beyond those terms are subject to service charges. Submission of this New Account Application constitutes acceptance of Advanced Laboratories' Terms of Service. The undersigned agrees to release credit information to Advanced Laboratories and authorizes references to release information pertaining to this application. The information will be held in strict confidence and for the sole purpose of extending credit or updating existing credit files.

UTAH LAB:

Please fax completed application to 801-484-9211
or email to utlab@advancedlabsinc.com

NORTH CAROLINA LAB:

Please fax completed application to 919-989-9226
or email to nclab@advancedlabsinc.com