

CA LABS

BUSINESS CREDIT APPLICATION

NAME/ADDRESS:

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. #
Address:			
City:	State:	Zip:	Phone:

COMPANY INFORMATION:

Type of Business:	In business since:		
Legal form:	Corporation	Partnership	Proprietorship
If Division/Subsidiary, Name of Parent Company:			
Name of Company Principal Responsible for Business Transactions:			Title:
Address:		City:	State/Zip:

BANK REFERENCES:

Institution Name:	Contact Name:	Phone:	
Address:		City:	State/Zip:
Checking acct Number:		Savings Acct Number:	

TRADE REFERENCES:

1) Company Name:	2) Company Name:
Address:	
City:	State/Zip:
Phone:	
Contact Name:	
Current Balance:	Credit Limit:
Acct opened since:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of credit to be extended. Furthermore, I hereby authorize the financial/trade institutions listed in the credit application to release necessary information to CA Labs in order to verify the information contained herein. In addition, I understand that all invoices are to be paid within 30 days from the date of invoice.

Signature: _____ Title: _____ Date: _____