

## LabCommerce, Inc. Confidential Credit Application

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

**LabCommerce, Inc.**  
675 E. Brokaw Road  
San Jose, CA 95112 U.S. A.  
Tel. (408) 265-6482 | Fax (408) 573-7659  
e-mail: [info@labcommerce.com](mailto:info@labcommerce.com)

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.:

**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.:

**Trade References (4)**

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

**Trade References (4) – Continued**

Company:	Company:
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)**

**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.**  
675 E. Brokaw Road  
San Jose, CA 95112  
U.S.A.  
FAX (408) 573-7659

**For questions or comments, please contact us at:**

**LabCommerce, Inc.™**

Phone (408) 265-6482 | Fax (408) 573-7659

[info@labcommerce.com](mailto:info@labcommerce.com)