

Credit application form

Please complete the following application and return by fax to 1-800-556-8182
or by email to accounting@prolabscientific.com

Company name : _____

BILLING ADDRESS

SHIPPING ADDRESS

Address : _____

Address : _____

City : _____

City : _____

Province : _____ Postal code : _____

Province : _____ Postal code: _____

Phone : _____ Fax : _____

Phone : _____ Fax : _____

Account payable contact : _____

Purchasing contact : _____

Email : _____

Email : _____

Years in operation : _____

No. Employees : _____

Est. Monthly Purchases : _____

Our terms are net 30 days.
Our shipping terms are FOB origin, freight prepaid and charged back (we use UPS and Dicom as our carrier)
Interest is charged on accounts 30 days past due at a rate of 1.5% per month.

BANK REFERENCE

BUSINESS REFERENCE #1

Bank : _____

Supplier : _____

Branch : _____

Address : _____

Phone : _____ Fax : _____

Phone : _____ Fax : _____

Account # : _____

Contact : _____

BUSINESS REFERENCE #2

BUSINESS REFERENCE #3

Supplier : _____

Supplier : _____

Address : _____

Address : _____

Phone : _____ Fax : _____

Phone : _____ Fax : _____

Contact : _____

Contact : _____

The undersigned certifies that all information in this credit application is complete, factual and correct, and understands the supplier will rely on the accuracy of this information for any credit that may be extended. Supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this credit application.

Name : _____

Title : _____

Signature : _____

Date : _____