

APPLICATION FOR CREDIT

I. IF NOT A CORPORATION, COMPLETE THIS SECTION AND SECTION III.

Firm Name or Trade Name _____
Business Address _____
Telephone _____ Credit Limit Desired _____
Purchaser _____ Social Security Number _____
Home Address _____
Sales Tax Exempt No. _____ (Please Send Resale Card)
Federal Tax ID No. _____

II. IF A CORPORATION, COMPLETE THIS SECTION AND SECTION III.

Firm Name _____
Nature of Business _____ Telephone _____
Address _____
Date of Incorporation _____ Under Laws of Which State _____
Name of Parent Company if Subsidiary _____
Sales Tax Exempt No. _____ (Please Send Resale Card)
Federal Tax ID No. _____
Officers of Corporation:
President _____ Secretary _____
Vice President _____ Treasurer _____
Purchase Order Required? _____

III. CREDIT REFERENCES:

Bank Reference:

Bank Name _____ Telephone _____

Contact _____ Fax _____

Address _____

City _____ State _____ Zip _____ Account No. _____

We hereby request and permit the above bank to provide credit information to Capco Analytical Services, Inc.

Authorized Signature _____ Title _____

Trade References:

Firm Name _____ Telephone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Contact Person _____

Firm Name _____ Telephone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Contact Person _____

Firm Name _____ Telephone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Contact Person _____

Credit Terms:

The customer named below, herein referred to as “applicant”, and Capco Analytical Services, Inc., its subsidiaries, divisions or business trade names, herein referred to as “vendor”, agree to the following Credit Conditions of Sale.

1. Applicant permits vendor to obtain credit and financial information from banks, lending institutions, credit reporting agencies and trade vendors who have released product or services to the applicant. Vendor agrees the purpose of historical and financial information gathered from outside sources will be limited to determining the capacity and trend of the applicant to remit within the invoice terms.
2. Applicant agrees to immediately advise the Vendor of a change in ownership, a change in applicant’s business conditions, financial solvency or liquidity or other situations which would influence the applicant’s ability to remit balances due the vendor within invoice terms. Notice will be by facsimile or by mail to the respective facsimile number or address found on the bottom of this agreement.
3. Applicant agrees payment of purchases will be remitted within the terms of sales as state on vendor invoice. Vendor may deny release of products ordered by applicant if applicant payments are not received by the vendor on the invoice due date or if the invoice is adjusted without prior approval from vendor. Refer to sections 5 and 6 for invoice adjustment guidelines. Vendor may deny release of future shipments if vendor believes the capacity of applicant to pay for orders placed is diminished.
4. Applicant agrees to pay an administrative collection charge, assessed on balances in default, at a rate up to 1.5% per month but at a rate no greater than rates allowed by applicable law. Invoices are deemed in default ten business days past the invoice due date. Vendor agrees to provide twenty-business day’s written notice before referring default balances to an attorney or third party agency. Applicant agrees Attorney fees, third party collection fees and court costs incurred by vendor in the collection of valid account balances will be paid by the applicant within twenty business days of a written request by the vendor or its agent.
5. Invoice adjustments must be communicated in writing to the Vendor Accounting Department or a Vendor Management no later than 10 business days from original date.
6. Applicant agrees to standard credit terms of Net 30 days, unless otherwise specified on the actual invoice.

Print Applicant Business Name Billing Address, City State, Zip

The applicant and the vendor agree to these Credit Conditions of Sale as evidenced by the endorsements below.

Signature Applicant Agent/Officer Date Signature Capco Analytical Services, Inc. Date

_____, _____
Print Name Title Print Name Title