

Customer Name

Entity Name: _____ EIN/SSN: _____
(If Individual then SSN otherwise EIN)

Entity Type: Individual Corporation/LLC Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Reference

Bank Name: _____ Contact: _____

Checking Account: _____ Phone: _____ Fax: _____

Creditors (List all 3)

Reference Name: _____ Contact: _____

Address (Full) : _____ Phone: _____ Fax: _____

Reference Name: _____ Contact: _____

Address (Full) : _____ Phone: _____ Fax: _____

Reference Name: _____ Contact: _____

Address (Full) : _____ Phone: _____ Fax: _____

I, the undersigned, attest that the information provided in this application, is true to best of my knowledge and belief. By signing this application, I am authorizing Laboratory Supply House, Inc., to obtain any and all information from my creditors and my banker, in order to determine and extend a credit line to my organization listed above. I, undersigned, by signing this application, further agree to the Credit Terms and conditions of Laboratory Supply House, Inc. I agree to pay Laboratory Supply House, Inc., invoices when those become due (30 days from the invoice date). I agree to pay the finance charges at the rate of 1.5 % per month on the unpaid past due balances in addition to the unpaid past due balances. In case Laboratory Supply House, Inc., seeks a legal help to collect any/all my unpaid past due balances, I will pay the applicable court cost and the attorney's fee in addition to the unpaid past due balances and the finance charges.

(Signature)_____
(Print Name and the Title - must be an officer if the applicant Entity is a corporation/LLC)_____
Date