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| **COMPANY INFORMATION** |
| COMPANY NAME | EIN |
| ADDRESS |
| CITY | STATE | ZIP CODE |
| WEBSITE | YEAR ESTABLISHED |
| TYPE OF BUSINESS: SOLE PROPRIETORSHIP | PARTNERSHIP | LLC | CORPORTATION | OTHER |
| **BILLING INFORMATION** |
| CONTACT NAME | TITLE |
| ADDRESS |
| CITY | STATE | ZIP CODE |
| EMAIL | PHONE |
| **BANKING INFORMATION** |
| BANK NAME | PHONE |
| ADDRESS |
| ACCOUNT# | ACCOUNT TYPE |
| ACCOUNT# | ACCOUNT TYPE |
| **CREDIT REFERENCE 1** |
| CAMPANY NAME | PHONE |
| ADDRESS |
| CONTACT NAME | EMAIL |
| MOST RECENT PURCHASE DATE | AMOUNT |
| **CREDIT REFERENCE 2** |
| CAMPANY NAME | PHONE |
| ADDRESS |
| CONTACT NAME | EMAIL |
| MOST RECENT PURCHASE DATE | AMOUNT |
| **CREDIT REFERENCE 3** |
| CAMPANY NAME | PHONE |
| ADDRESS |
| CONTACT NAME | EMAIL |
| MOST RECENT PURCHASE DATE | AMOUNT |
| **CREDIT TERMS AND AUTHORIZATION** |
| I hereby certify that the foregoing figures and statements contained herein and attached hereto are true and correct, and are furnished to SPEED BioSystems LLC for the purpose of inducing said corporation to extend credit to the undersigned. Applicant understands and agrees that accounts not paid within payment terms, of Net 30 days, are subject to a service charge as stated on invoices. Applicant agrees (1) To pay all charges for account, or others using this account, regardless of accounts credit limits; (2) To pay all charges within payment terms after billing date without finance charge, or be subject to service charge not in excess of that permitted by law; (3) Balance owed will become due in full upon any default in payment or violation of terms of account use; (4) To pay all collection costs, including reasonable attorney’s fee. I hereby authorize you to contact our trade and bank references for normal credit information.  Signature of Applicant Print Name Title Date |