

DCM SCIENCE LABORATORY, INC.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Name		Title	
Company name		<input type="checkbox"/> Sole proprietorship	
Phone Fax		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	
Registered company address City, State ZIP Code		<input type="checkbox"/> Other	

BUSINESS AND CREDIT INFORMATION

Year Established		Bank name:	
Do you require a purchase order?	_____Yes _____No	Street address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail address for invoices		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

- All invoices are to be paid within 30 days from the date of the invoice
- By submitting this application, you authorize DCM Science Laboratory, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	