ADUSTRIAL HYGIENE SERVICES LABORATORY - MANAGEMENT - TRAINING

COMMERCIAL CREDIT APPLICATION FORM

Date tmail Legal Business Name of Applicant Phone City State City State Corporation Partnership Sole Proprietorship Tax Date Prome Tax Date Phone () - Contact Enable Contact	INDUSTRIAL HYGIENE SERVICES						
Billing Address		Date					
Maling Address City State Zip required if different than billing address; 'this in business 'corporation Partnership Sole Proprietorship Other Date Formed List names of any other business operated by any officer, partner, owner, whether past or present 	Legal Business Name of Applicant			Phone	()	-	
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List names of any affiliated, subsidiary, or parent companies of Applicant					d		
Name of Principal or Owner Title Type of Business # of Employees SS# of owner/officer Tax ID # FEIN# Has Applicant or any officers, partners, owners or members ever filed for bankruptcy? If so, who? When?; BANK INFORMATION Bank Name Phone () Contact Email Address Fax City State Zip Othecking Savings Account # TRADE/CREDIT REFERENCES Phone () Business Name Contact	List names of any affiliated, subsidia	ry, or parent comp	panies of Applicant				
Name of Principal or Owner Title Type of Business # of Employees SS# of owner/officer Tax (D # FEIN# As Applicant or any officers, partners, owners or members ever filed for bankruptcy? If so, who? When?; BANK INFORMATION Bank Name Phone () - Contact Email Address Fax City State Zip Checking Address Phone () - City State Zip Checking Business Name Contact Address Phone () - City State Zip Email Business Name Contact Address Phone () - City State Zip Email Business Name Contact Address Phone () - City State Zip Email Business Name Contact Address Phone () - City State Zip Email Phone () <	List the name of any other business of	operated by any c	fficer, partner, owner, v	vhether past or prese	nt		
Has Applicant or any officers, partners, owners or members ever filed for bankruptcy? If so, who? When?; BANK INFORMATION Bank Name Phone () Cottact Email Address Fax City State Zip Checking Savings Account # TADE/CREDIT REFERENCES Phone () Business Name Contact					iess		# of Employees
Bank InFORMATION Bank Name Phone (SS# of owner/officer			Tax I	D#		FEIN#
Bank Name Phone () - Contact Email	Has Applicant or any officers, partne	ers, owners or mer	mbers ever filed for bar	الاruptcy? If so, who? ۱	When?;		
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Contact Email Address Fax City State Zip Checking Savings Account # TRADE/CREDIT REFERENCES Business Name Address Phone () Address Phone				Phone	()	-	
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Business Name Contact Address Phone City State Zip Email Business Name Contact Address City Business Name Contact Address Phone City State Zip Email Business Name Contact Address Phone City State Zip Email City State Zip Email City State Zip Email The undersigned represents that he or she is an officer or agent of applicant and is duly authorized to act on its behalf. If extended credit, pursuant to this Credit Agreement, the applicant hereby agrees to the following terms: Payment and a late payment charge of 1.5 % per month (18% annual) will be computed on the unpaid balance. The applicant agrees to pay all costs and all attorney's fees incurred in connection with collection of any pay and to balances on this account. NVL Laboratories, Inc. is hereby authorized to investigate the references listed above concerning applicant scredit history and financial responsibility. This Credit Application and Agreement supersedes any prior agreement between the parties and may only be modified in writing. Applicant agrees to all Standard Terms & Conditions on the reverse side of this form which are incorporated herein.							
Business Name Contact Address Phone City State Zip Email Business Name Contact Address City Business Name Contact Address Phone City State Zip Email Business Name Contact Address Phone City State Zip Email City State Zip Email City State Zip Email The undersigned represents that he or she is an officer or agent of applicant and is duly authorized to act on its behalf. If extended credit, pursuant to this Credit Agreement, the applicant hereby agrees to the following terms: Payment and a late payment charge of 1.5 % per month (18% annual) will be computed on the unpaid balance. The applicant agrees to pay all costs and all attorney's fees incurred in connection with collection of any pay and to balances on this account. NVL Laboratories, Inc. is hereby authorized to investigate the references listed above concerning applicant scredit history and financial responsibility. This Credit Application and Agreement supersedes any prior agreement between the parties and may only be modified in writing. Applicant agrees to all Standard Terms & Conditions on the reverse side of this form which are incorporated herein.							
Address Phone () - City State Zip Email	•			Contact			
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Business Name Contact Address Phone							
Address Phone				Contact			
City State Zip Email The undersigned represents that he or she is an officer or agent of applicant and is duly authorized to act on its behalf. If extended credit, pursuant to this Credit Agreement, the applicant hereby agrees to the following terms: Payment is due in full thirty (30) days from the date of invoice. In the event the account is not paid in full by the due date, applicant agrees to pay all costs and all attorneys' fees incurred in connection with collection of any past due balances on this account. NVL Laboratories, Inc. of the reason for non-payment, and a late payment charge of 1.5 % per month (18 % annual) will be computed on the unpaid balance. The applicant agrees to pay all costs and all attorneys' fees incurred in connection with collection of any past due balances on this account. NVL Laboratories, Inc. is hereby authorized to investigate the references listed above concerning applicant's credit history and financial responsibility. This Credit Application and Agreement supersedes any prior agreement between the parties and may only be modified in writing. Applicant agrees to all Standard Terms & Conditions on the reverse side of this form which are incorporated herein. Authorized Signature Print Title Date In consideration of financial accommodation, applicant must sign & return attached personal guarantee addendum, the undersigned hereby guarantees prompt payment of all laboratories, Inc. including collection costs and altorney's fees and applicant waives all notices and surety defenses. Please return the completed form to Clientservices@nvllabs.com or fax to (206) 634-1936 Offfice Use Only Office Use Only	Addross			Phone	()	-	
The undersigned represents that he or she is an officer or agent of applicant and is duly authorized to act on its behalf. If extended credit, pursuant to this Credit Agreement, the applicant hereby agrees to the following terms: Payment is due in full thirty (30) days from the date of invoice. In the event the account is not paid in full by the due date, applicant will inform NVL Laboratories, Inc. of the reason for non-payment, and a late payment charge of 1.5 % per month (18 % annual) will be computed on the unpaid balance. The applicant agrees to pay all costs and all attorneys' fees incurred in connection with collection of any past due balances on this account. NVL Laboratories, Inc. is hereby authorized to investigate the references listed above concerning applicant's credit history and financial responsibility. This Credit Application and Agreement supersedes any prior agreement between the parties and may only be modified in writing. Applicant agrees to all Standard Terms & Conditions on the reverse side of this form which are incorporated herein. Authorized Signature Print Title Date Date In consideration of financial accommodation, applicant must sign & return attached personal guarantee addendum, the undersigned hereby guarantees prompt payment of all liabilities and indebtedness of applicant to NVL Laboratories, Inc. including collection costs and attorney's fees and applicant waives all notices and surety defenses. Please return the completed form to Clientservices@nvllabs.com or fax to (206) 634-1936 Office Use Only							
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