



NEW ACCOUNT CREDIT APPLICATION

Please complete and return this form
 by fax to: **(609) 655-4374**
 Attention: **Accounting Dept.**

COMPANY INFORMATION			
LEGAL COMPANY NAME		TAX ID #	
PARENT COMPANY		DUNS #	
COMPANY ADDRESS			
MAIN TELEPHONE #		PRINCIPAL OFFICER OR CONTACT:	
FAX#		TITLE:	
BILLING/INVOICING INFORMATION			
BILLING/INVOICING ADDRESS 1 <i>(if different)</i>		BILLING/INVOICING ADDRESS 2 <i>(if different)</i>	
BILLING CONTACT		BILLING PHONE	
FAX #	EMAIL ADDRESS	IS A PURCHASE ORDER # REQUIRED ON ALL INVOICES <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/FINANCIAL			
TYPE OF OWNERSHIP: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> GOVERNMENT AGENCY			
TYPE OF BUSINESS		YEARS IN BUSINESS	ANNUAL SALES
BANKING INFORMATION			
NAME	CONTACT PERSON	ACCOUNT NUMBER	PHONE & FAX NUMBER
BANK			
ADDRESS			
TRADE REFERENCES			
NAME	CONTACT PERSON	ACCOUNT NUMBER	PHONE & FAX NUMBER
REFERENCE			
ADDRESS			
REFERENCE			
ADDRESS			
REFERENCE			
ADDRESS			



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AUTHORIZATION/CREDIT RELEASE

The undersigned fully authorizes the release of credit information to Quantex Laboratories, Inc. for the purpose of approving a line of credit so that an account can be established. I/We certify that all the information on this form is true and correct. I/We fully understand that credit, if granted, is subject to Quantex Laboratories' Terms and Conditions of Sales. Furthermore, it is understood and agreed that in consideration for the granting of credit that I/We agree to honor Quantex Laboratories credit terms of net 30 days in US Dollar funds (unless an alternative payment term has been mutually agreed upon/signed), or as stated upon invoices. If payment is not made in accordance of terms, I/We understand that a service charge of 1.5% per month on past due amounts will accrue and I/We shall be responsible to such service charge in addition to the amount invoiced. I/We further understand and agree that all services /sales provided by Quantex Laboratories Inc. are provided subject to Quantex Laboratories, Inc. TERMS and CONDITIONS OF SALES, and that I/We agree to be bound by those Terms and Conditions. I/We agree to pay any collection costs incurred to collect any unpaid balance, including interest on the unpaid balance as allowed by law, and reasonable attorney's fees and court costs.

I/We authorize the release of credit ratings and payment record information as required to Quantex Laboratories and understand that all information will be held in strict confidentiality.

AUTHORIZED SIGNATURE	DATE
PRINT NAME	TITLE
COMPANY NAME	PHONE
ADDRESS	

Note: All Initial Orders Require Credit Card

For Quantex Accounting Use Only

DATE SUBMITTED	<input type="checkbox"/> Credit Card Required	
<input type="checkbox"/> Open Credit Account	APPROVED BY	ACCOUNT NUMBER
BUSINESS DEVELOPMENT/SALES	OACL	ENTERED BY