



APPLICATION FOR CREDIT

Company Name: _____

Address: _____ City _____

State: _____ Zip Code _____ Country _____

Trade Styles (DBA, Trading as, etc.): _____

If Div. Or Sub. - Name of Parent Co: _____

CORPORATION NON-PROFIT PARTNERSHIP PROPRIETORSHIP LLC

OFFICERS:

Name: _____ Title: _____

Name: _____ Title: _____

ACCOUNTS PAYABLE CONTACT:

Name: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

ADDRESS:

Ship to Address: _____

City: _____ State: _____ Zip Code: _____ Country _____

Bill to Address: _____

City: _____ State: _____ Zip Code: _____ Country _____

GENERAL BUSINESS INFORMATION:

Anticipated Annual \$ Volume of Purchases: _____

Type of Business: _____

Date Business Established: _____ Federal Tax ID#: _____

D&B DUNS#: _____ ***Social Security#: _____

***If business is a sole proprietorship or a partnership-social security numbers must be provided.

TRADE REFERENCES: (Please include complete address)

Name: _____ Phone#: _____

Address: _____ Fax#: _____

_____ Acct#: _____

Name: _____ Phone#: _____

Address: _____ Fax#: _____

_____ Acct#: _____



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BANK REFERENCES:

Bank: _____	Account#: _____
Address: _____	Phone#: _____
_____	Fax#: _____
Contact Name: _____	
Bank: _____	Account#: _____
Address: _____	Phone#: _____
_____	Fax#: _____
Contact Name: _____	

DOCUMENT REQUIREMENTS:

IS YOUR COMPANY TAX-EXEMPT (Please check one) NO YES (If YES, please submit a tax-exempt certificate for each of your ship to states with this application).

Complete the W9 Form and submit as part of the credit application.

The information in this application and in all financial statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Bionostics to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank(s) and creditor(s) to submit complete information for the purpose of credit evaluation. The applicant and their company agree to all terms and conditions set by Bionostics.

SIGNATURES:

Company Name: _____

Date: _____ Signed By: _____

Print Name: _____ Title: _____

◆ PLEASE FAX BACK TO BIONOSTICS/RNA CUSTOMER SERVICE: (978) 772-9071