

**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#: \_\_\_\_\_

**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