

Biolog Inc.

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CONFIDENTIAL APPLICATION FOR ACCOUNT

PLEASE TYPE OR PRINT:

DATE _____

FIRM NAME _____

TELEPHONE () _____ FAX () _____

BILLING ADDRESS _____ CITY _____ STATE/PROVINCE _____

POSTAL / ZIP CODE _____ COUNTRY _____

DELIVERY ADDRESS _____ CITY _____ STATE/PROVINCE _____

POSTAL/ ZIP CODE _____ COUNTRY _____

CORPORATION () PARTNERSHIP () PROPRIETORSHIP ()

INCORPORATED: YES (), NO () IF YES: STATE _____ YEAR _____

IS APPLICANT A BRANCH ____, DIVISION ____, SUBSIDIARY ____ OR OTHER RELATED ORGANIZATION? ____

IF SO, GIVE NAME & ADDRESS OF PARENT CORPORATION OR HEADQUARTERS _____

OFFICERS, PARTNERS OR PROPRIETOR

NAME	TITLE	NAME	TITLE
_____	_____	_____	_____

YEAR BUSINESS ORGANIZED _____ DESCRIPTION OF BUSINESS _____

BANK(S): NAME, BRANCH, COMPLETE ADDRESS, & ACCOUNT NUMBER (SIGNATURE BELLOW AUTHORIZES
RELEASE OF CREDIT INFORMATION)

TRADE REFERENCES: NAME, COMPLETE MAILING ADDRESS, TELEPHONE NUMBER & ACCOUNT NUMBER

1. _____

2. _____

3. _____

ACCOUNTS PAYABLE CONTACT: NAME, PHONE, E-MAIL

THE UNDERSIGNED AGREES TO PAY ALL PENALTIES, SERVICE CHARGES, REASONABLE ATTORNEY, COURT COSTS/FEES INCURRED IN THE
COLLECTION OF THEIR PAST DUE ACCOUNT, OF THE MAXIMUM AMOUNT ALLOWED BY LAW.

LEGAL FIRM NAME _____

PRINTED NAME OF AUTHORIZED AGENT & TITLE _____

SIGNATURE _____

STANDARD TERMS: NET 30

SHIPPING TERMS: EXWORKS

PAYMENT IN US DOLLARS

02/09/06