



NEW CUSTOMER CREDIT APPLICATION

COMPANY NAME _____

MAILING ADDRESS _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

D&B / D-U-N-S# _____

FEDERAL TAX ID# _____

NUMBER OF YEARS IN BUSINESS _____

NUMBER OF YEARS AT CURRENT ADDRESS _____

[OWNERSHIP] SOLE OWNER PARTNERSHIP CORPORATION

[COMPANY OFFICERS] PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

BANK REFERENCES

BANK NAME _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

CONTACT _____

[TYPE OF ACCOUNTS] CHECKING LOAN SAVINGS

CREDIT REFERENCES

PLEASE INCLUDE A LIST OF **FIVE TRADE REFERENCES** FROM COMPANIES YOU ARE CURRENTLY DOING BUSINESS WITH THAT WILL RESPOND TO AN INQUIRY. BE SURE TO INCLUDE THE COMPLETE ADDRESS, PHONE, CONTACT NAME, AND FAX NUMBER.



FINANCIAL GUIDELINES

PAYMENT TERMS

30 DAYS FROM DATE OF INVOICE

PAST DUE

1/2% PER MONTH SERVICE CHARGE

CALL WHEN YOU HAVE PAYMENT ISSUES, BE PROACTIVE.

LABS DONE FAST RESERVES THE RIGHT TO WITHHOLD
FUTURE SHIPMENTS, NOT ACCEPT ORDERS, AND NOT QUOTE
NEW PROJECTS UNTIL PAST DUE ISSUES ARE RESOLVED.

CONTACT INFO.

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