

# M2 Scientifics LLC

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Company Name		Date Business Commenced	
Phone   Fax		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
E-mail			
Registered company address City, State ZIP Code			

### BUSINESS AND CREDIT INFORMATION

Primary Address:		Bank Name (if paying by ACH):	
City, State ZIP Code		Bank Address: City, State ZIP Code	
Phone		Phone	
Fax		Account Number	
Accounts Payable E-mail		Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

### BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

### AGREEMENT

1. Our standard terms are NET 30 days from the date of the invoice unless otherwise provided.
2. Claims arising from invoices must be made within seven working days.
3. Past due accounts are subject to credit hold delays and a service charge of 1.5% per month.
4. By submitting this application, you authorize M2 Scientifics LLC to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	