



LOOPED LOGIC
LABORATORY
FURNITURE

Credit Application

Please check one:

- CORPORATION
- PARTNERSHIP
- PROPRIETORSHIP
- NON-PROFIT
- GOVERNMENT

General Information:

Federal Tax I.D. number: _____
 Exact name of Business _____
 Street Address of Business Location _____
 City _____ State _____ Zip _____
 Phone Number _____
 State credentials (i.e., "Registered as a [State name] Corporation
 Month/Day/Year") _____

Line of Business _____
 Parent Company Name (if applicable) _____
 Parent Company Street Address _____
 City _____ State _____ Zip _____
 Number of Employees: _____
 Dun & Bradstreet Number: _____
 Contractors' License State _____ Number _____
 NAICS Code: _____

If business is a partnership or sole proprietor, attach the names and addresses of each partner or sole proprietor.

If Business is a corporation, attach a list of the names and addresses of its officers and directors.

Trade References (must relate to Credit Applicant)

Reference 1: Bank Reference

Bank Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone: _____
 Fax: _____
 Account Number: _____
 Contact Name _____

PHONE
866.340.2622

FAX
480-767-3445

11445 E. Via Linda
Suite 2463
Scottsdale, AZ
85259

USA



LOOPED LOGIC
LABORATORY
FURNITURE

Reference 1: Bank Reference

Bank Name _____
Address _____
City _____ State _____ Zip _____
Phone: _____
Fax: _____
Account Number: _____
Contact Name _____

Reference 3: Visa Master Card, AMEX

Bank Name _____
Address _____
City _____ State _____ Zip _____
Account Number: _____

Other Information

Special Billing Requirements _____

Billing Address (if different from corporate address)

City _____ State _____ Zip _____

Accounts Payable Contact _____

Accounts Payable Contact email _____

Accounts Payable Contact phone number _____

Accounts payable Contact fax number _____

Credit Terms and Conditions

For the purpose of establishing and maintaining credit, the foregoing statement and information contained on this application, both written and printed, are full, true, and correct statements of my financial condition on the date stated. The undersigned agrees to notify Looped Logic immediately in writing of any material change in financial condition. The undersigned authorizes Looped Logic to make inquiry into, to request, and to receive any information concerning character, general reputation, personal characteristics, financial and credit information from creditors, banks, or credit unions which Looped Logic deems relevant for the granting and collection of the proposed indebtedness. The undersigned authorizes any creditor, bank or credit union to divulge such information. The undersigned understands that Looped Logic will be relying on the accuracy in all of the matters set forth in this application and all information obtained in determining whether to extend credit.

The undersigned agrees to pay all invoices within 30 days following the invoice date (ship date). _____

If you'd like to apply for credit, please submit this completed Commercial Credit Application and fax it to us at 480-767-3445, or mail it to:

Looped Logic
11445 E. Via Linda, Ste 2463
Scottsdale, AZ 85259

If you have any questions, please call us toll-free at 866-340-2622.

PHONE
866.340.2622

FAX
480-767-3445

11445 E. Via Linda
Suite 2463
Scottsdale, AZ
85259

USA

www.loopedlogic.com

Fast, affordable quality. The way to get science done.™