



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT (US CUSTOMERS ONLY)

### BUSINESS CONTACT INFORMATION

Company Name:		Federal Tax ID:
Contact:		
Registered Business Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Date business commenced:		
Entity Type (select one):	Sole proprietorship	Partnership Corporation Other:
How long at current address?		

### BANK REFERENCE

Bank name:		
Contact:		
Address:	Phone:	
City:	State:	ZIP Code:
Account No:		

### BUSINESS / TRADE REFERENCES

Company Name:		
Contact:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company Name:		
Contact:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Contact:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. All invoice-related disputes must be made within seven working days.
3. By submitting this application, you authorize Thinlabs Inc. to make inquiries into the bank and business/trade references that you have supplied.
4. Any businesses requesting tax-exempt status must also include a copy of their Sales & Use Tax Exempt Certificate.

### SIGNATURES

Name:	
Title :	
Date :	