



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS/TRADE REFERENCES

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

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Thinlabs Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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Please complete and fax back to **(215) 269-9690**.