



ZALCO LABORATORIES, INC.
Analytical and Consulting Service

4309 Armour Avenue
Bakersfield, California 93308

(661) 395-0539
FAX (661) 395-3069

CREDIT APPLICATION

Credit Line Requested: \$ _____ Federal Tax I.D No: ____-____-_____

Company Name: _____

Common Business Name (If Different) : _____

Description of Business _____

Address: _____

County: _____ State: ____ ZIP: _____ - _____ Date Business Started: ____/____/_____

Telephone: (____) _____ - _____ FAX: (____) _____ - _____

Billing Address If Different: _____

County: _____ State: _____ ZIP _____ - _____

Telephone: (____) _____ - _____ FAX: (____) _____ - _____

Contacts: _____

| | | |
|-----------------------------------|-------------------------------------|-------------------------------------|
| Business Type: Corp: _____ | State of Incorporation: _____ | Incorporation Date: ____/____/_____ |
| LLC: _____ | State that LLC is filed with: _____ | |
| Partnership: _____ | Proprietorship: _____ | |

Principals: _____ Title: _____ SSN: ____-____-_____

Principals: _____ Title: _____ SSN: ____-____-_____

Affiliated Companies: _____

Bank Reference: _____ Contact: _____

Checking Account No: _____ Telephone: (____) _____ - _____

Address of Bank: _____

Business Reference: _____ Contact: _____

Address _____ Telephone: (____) _____ - _____

Name of reference: _____ Contact: _____

Address _____ Telephone: (____) _____ - _____

Terms and Conditions:

Each of the undersigned understands that all credit extended from the creditor shall be subject to the following conditions, and warrants that the preceding information is true and correct.

- 1 All invoices are to be paid within 30 days from the date of the invoice and are to be paid at the corporate office of the creditor.
- 2 That if legal action is necessary, the credit user agrees to pay court fees and attorney's cost as awarded by the Court.
- 3 That venue shall be in the county and court nearest to the credit grantor or its agent.
- 4 The credit user agrees to pay a finance fee of 18% per annum on balances over 30 days.
- 5 That I/we give permission for personal credit information to be obtained regarding Individual purchases, sole proprietorships and partnerships.

Applicant Signature: _____ Date: ____/____/_____

Print Name and Title: _____ Date: ____/____/_____

Applicant Signature: _____ Date: ____/____/_____

Print Name and Title: _____



ZALCO LABORATORIES, INC.
Analytical and Consulting Service

4309 Armour Avenue
Bakersfield, California 93308

(661) 395-0539
FAX (661) 395-3069

CREDIT REFERENCE WORK SHEET

Customer / Account Name: _____
Address: _____
Telephone: (____) _____ - _____ FAX: (____) _____ - _____
Contacts: _____ Title: _____

Business Reference:

Name of Business: _____
Contacts: _____ Title: _____
Address: _____
Telephone: (____) _____ - _____ FAX: (____) _____ - _____
High Credit: \$ _____ Balance: \$ _____
Date Account Opened: _____
Terms of Account: _____
Past Due Balance: \$ _____ Age of Account: _____
Comments _____

Business Reference:

Name of Business: _____
Contacts: _____ Title: _____
Address: _____
Telephone: (____) _____ - _____ FAX: (____) _____ - _____
High Credit: \$ _____ Balance: \$ _____
Date Account Opened: _____
Terms of Account: _____
Past Due Balance: \$ _____ Age of Account: _____
Comments _____

Business Reference:

Name of Business: _____
Contacts: _____ Title: _____
Address: _____
Telephone: (____) _____ - _____ FAX: (____) _____ - _____
High Credit: \$ _____ Balance: \$ _____
Date Account Opened: _____
Terms of Account: _____
Past Due Balance: \$ _____ Age of Account: _____
Comments _____