

# WESTERN ANALYTICAL LABORATORY

12734 BRANFORD STREET, SUITE 19, ARLETA, CA 90040

TEL: (818) 899-0949 ♦ FAX: (818) 899-0399

## CREDIT APPLICATION

DATE: \_\_\_\_\_

### Company Name

\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Shipping Address

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years at present location: \_\_\_\_\_

### Type of Organization

Private Corporation  Partnership  Public corporation

Individual  Other \_\_\_\_\_

### Principals

NAME	POSITION	PHONE#

### Bank Reference

Bank: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

### Trade References ( Minimum of 2 )

NAME	ADDRESS	PHONE#	FAX#

### Credit Limit Requested

NEED MONTHLY STATEMENT:  YES  NO

In making this application for credit, the customer agrees to pay all invoices within 30 days from date of invoice and to pay a service charge of 1½% per month all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney fees and costs including attorney fees for appeal.

Signature \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only

Credit limit \$		Account #	
Date approved:		CR#	
Signature:		Discount:	