

POSITIVE LAB SERVICE

APPLICATION FOR CREDIT

FIRM NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

At present location since (DATE) _____ Year established _____

NAME OF PARENT COMPANY (If subsidiary) _____

NAME OF OFFICERS _____

PROPRIETOR OR PARTNERS' NAMES _____

FORM OF BUSINESS (Check One) Sole Proprietorship Partnership Corporation

If Sole Proprietorship, Social Security Number _____

TYPE OF BUSINESS (Check One) General Contractor Sub-contractor Developer
 Real Estate Commercial, Industrial Manufacturing Other, please specify _____

If contractor, Surety Company name _____ Bond No. _____
 Address of Surety Company _____ Telephone No _____

BANK	BRANCH & LOCATION	ACCOUNT NUMBER
CHECKING _____		
SAVINGS _____		
OTHER _____		

REFERENCES: (Give only names of those you buy from on an open account)

Name _____	Phone _____	Account No.: _____
Address _____	City _____ State _____	Zip _____
Name _____	Phone _____	Account No.: _____
Address _____	City _____ State _____	Zip _____
Name _____	Phone _____	Account No.: _____
Address _____	City _____ State _____	Zip _____

THE PERSONS LISTED BELOW ARE AUTHORIZED TO CHARGE ON THIS ACCOUNT	RELATIONSHIP/TITLE
_____	_____
_____	_____

I understand that the information provided in this application is submitted for the purpose of requesting credit from Positive Lab Service. In consideration of your selling merchandise and services to me I agree:

1. That Positive Lab Service has the right to terminate or limit the right to charge to the account.
2. All charges will be paid 15 days after receipt of invoice.
3. All unpaid balances over 30 days will carry a service charge of 1-1/2% per month on the unpaid balance.
4. That upon default in payments due under this agreement, I will pay the balance in full upon request and all reasonable attorney's fees and cost in the event that suit is filed. Jurisdiction and venue shall be Los Angeles County State of California.

Full name of firm _____ Date _____

By (Signature) _____ Title _____