



**SEEML Laboratories Inc.**

*Return via email to sales@seeml.com or fax to 864-233 3779*

**CONFIDENTIAL CREDIT APPLICATION**

**Billing Information**

Company name		Tax ID #	
Address			
City	State	Zip	Phone
Billing contact	Phone	Email	
Charge to credit card #	Exp Date	PO Required	Yes / No

**Reporting Information**       (check if same as Billing Information)

Referred method for receiving reports	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Fax
Report contact	Phone	Email	
Address			
City	State	Zip	Fax

**Company Information**

Business form	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	State incorporated in:
Type of Business	In Business Since:			
Website	D&B#			
Names of Owners, Partners, or corporate officers				
Name	Title	Phone		
Name	Title	Phone		
Name	Title	Phone		

**References**

Company	Company	Company
Account	Account	Account
Contact	Contact	Contact
Address	Address	Address
Phone	Phone	Phone
Fax	Fax	Fax
Bank name		
Checking Account #	Contact Name	Phone
Address		

Applicant hereby authorizes the release of credit and banking information. Standard payment terms are net 15. Accounts not paid within 30 days can be subject to interest charges. Should it be necessary to collect on account, the prevailing party shall, in addition to all of the rights at law, be entitled to recover its reasonable attorneys' fees and costs, as a court may determine.

\_\_\_\_\_  
*Signature*                                      *Name (Printed)*                                      *Title*                                      *Date*