



DAVIS LABORATORIES

611 LUNAR AVE., BREA, CA 92821 (714) 529-7291 FAX 529-4122
4175 W. TOMPKINS AVE., LAS VEGAS, NV 89103 (702) 251-0202 FAX 251-0199
31 AIRPORT BLVD., SUITE C., SOUTH SAN FRANCISCO, CA 94080 (650) 583-8322 FAX (650) 583-8206
ALL FACILITIES TOLL FREE (888) 889-9729

BUSINESS INFORMATION

CREDIT APPLICATION

(PLEASE PRINT) CORPORATION PARTNERSHIP PROPRIETORSHIP

COMPANY NAME _____ DBA'S _____

ADDRESS _____ TYPE OF BUSINESS _____ AGE OF BUSINESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

OWNER/OFFICER _____ TEL _____ OWNER/OFFICER _____ TEL _____

RESIDENCE ADDRESS _____ RESIDENCE ADDRESS _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

DRIVERS LICENSE _____ SSN# _____ DRIVERS LICENSE _____ SSN# _____

BANK INFORMATION

DEPOSITORY NAME _____ BRANCH _____

ADDRESS _____ TEL _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA# _____ ACCOUNT# _____

(NUMBER AT BOTTOM OF CHECK)

(NUMBER AT BOTTOM OF CHECK)

CURRENT BUSINESS REFERENCES

1. NAME _____ ADDRESS _____ TEL _____

2. NAME _____ ADDRESS _____ TEL _____

3. NAME _____ ADDRESS _____ TEL _____

4. NAME _____ ADDRESS _____ TEL _____

ARE ANY OF THE OFFICERS OF YOUR COMPANY CURRENTLY AFFILIATED WITH OR HAVE BEEN AFFILIATED WITH ANY OTHER COMPANY WITHIN THE LAST SEVEN YEARS? IF SO EXPLAIN _____

HAVE ANY OF THE OFFICERS OF YOUR COMPANY EVER FILED BANKRUPTCY OR BEEN AFFILIATED WITH ANY COMPANY THAT HAS FILED BANKRUPTCY? IF SO EXPLAIN _____

TERMS: C.O.D UNLESS SATISFACTORY CREDIT IS ESTABLISHED BEFORE WORK COMMENCES. AFTER CREDIT IS ESTABLISHED, TERMS WILL BE NET 10 DAYS, AND IF THESE TERMS ARE MET THEN FUTURE WORK WILL BE BILLED ON A NET 30 DAY BASIS. ALL PAST DUE ACCOUNTS WILL ATTRACT A 1.5% PER MONTH SERVICE CHARGE. ACCOUNTS WHICH BECOME DELINQUENT ARE PAYABLE IN FULL UPON DEMAND TOGETHER WITH INTEREST AS STATED, AND ANY EXPENSES, INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEYS FEES. THERE WILL BE A \$25.00 CHARGE ON ALL RETURNED CHECKS.

PRINCIPAL OR OFFICER

AGREED TO AND ACCEPTED BY:

BUSINESS NAME

PRINT NAME

X _____
SIGNATURE BY OWNER OR OFFICER

TITLE

DATE