Integral dx, Credit Application Please complete the below information as complete as possible.

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Integral dx's offer of credit will be based on data provided, as well as consideration for annual spend and customer history with Integral dx.

(Please allow up to 45 days to process)



Legal Company Name:			-	
Federal EIN:	DBA	Bill To Address:		
Telephone:	Bill T			
Fax:	Ship			
Type of Organization: Corporation ((Type) Partnersh	nipLLC/LLP	Sole Proprietor	
Date Business Started:	_ Number of Employs	ees: Dunn & Bı	radstreet #:	
Business Activity:				
Anticipated Annual Spend (USD): \$				
<u>Authorized Persons</u>				
<u>NAME</u>	TITLE	TELEPHONE	<u>EMAIL</u>	
1				
2				
3				
Trade References				
Company Name:	Contact:	Telephone:		
Address:	Email:			
Company Nama	Contact	Telenhone		
Company Name:		_		
Address:	Email:			
Company Name:	Contact:	Telephone	:	
Address:	Email:			

BANK REFERENCE



Bank Name:	121 N 1st. Street
Account #:	Montevideo, MN 56 (320) 435-000
Contact/Officer:	
Address:	
Telephone:	_ Email:
Billing Information: Purchase Order Required? □ Yes □ No	o If No, phone/email orders are acceptable & binding.
Send Invoices to (email address):	
Payment Type? □ACH □Bank Wire □	Paper Check (mail) Other:
	If yes, enter your tax exemption #

ACCOUNT TERMS:

Full invoice amount due/received within 30 calendar days from invoice date unless stated otherwise on invoice. Past due accounts subject to prepay, or placed on hold until delinquent amount is paid. Down payment invoices are due on receipt of invoice. Special requests and make-to-order items are non-cancellable. If a shipping account is not provided Integral dx will arrange transportation and invoice to customer. Shipping/freight expense may not be available until invoicing. Physical inventory location may require multiple shipments to fulfill an order. Shipping Terms: FOB Our Dock. Cost of non-defective returns are customer's expense and are subject to a restocking fee of \$50.00, or 25% of return item(s) value, whichever is greater. Refunds will be in the form of store credit, which can be applied toward future invoices at customer's discretion.

SERVICE CHARGE:

I hereby agree to pay you a service charge equal to 1.5% per month on all unpaid and past due invoice amounts, determined by invoice date plus payment terms, or a lesser amount per applicable law.

CREDIT INVESTIGATION:

You and your representatives are hereby authorized to investigate the references listed pertaining to my/our credit and financial responsibility.

By signing below, the undersigned evidences its agreement to the above terms and conditions and agrees to pay all costs of collection, including reasonable legal expenses, filings, & attorneys' fees.

Signature:	Title:
Date:	Company Name: