



PURITY LABORATORIES, INC.

6305 SW Rosewood St., Suite B
Telephone: 503.297.3636
Fax: 503.297.3738

APPLICATION FOR CREDIT

PLEASE PRINT AND PROVIDE ALL REQUESTED INFORMATION (or attach your credit information)

Business Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ Fed I.D. # _____

Authorized Signatory:

Name: _____

Phone #: _____

Bank Reference _____ Branch _____ Account No. _____

Three business References with which you have had recent credit transactions:

Name _____ Ph _____ Fax _____

Name _____ Ph _____ Fax _____

Name _____ Ph _____ Fax _____

If credit is extended, I (we) agree that such extensions of credit shall be subject to the following terms and conditions:

I (we) shall agree that the application may be referred to Dun And Bradstreet or TRW or to any officials of the above firm(s) for approval, and if credit is extended, I (we) further agree that such extensions of credit shall be subject to the following terms and conditions:

- 1) I (we) shall pay the amount or amounts due as evidenced by the account, not later than thirty (30) days following the date of invoice.
- 2) I (we) agree that any amounts not paid within the time allowed in Paragraph 1 above shall be considered delinquent and A DELINQUENT CHARGE at the rate of 1.5 PERCENT PER MONTH, which is an ANNUAL PERCENTAGE RATE of 18% from and after the first day of the same becomes delinquent.
- 3) In the event that a delinquent account is placed in the hands of a licensed collector or any attorney for collection, or suit is instituted on this account, I (we) agree to pay. In addition to the amount of the delinquent amount and interest, a reasonable collector's or attorney's fees will also be paid.

Officer/Owner Signature _____

Print Name _____

Title _____

Contractor's License No. _____

(If applicable)