

Return To: Purity Laboratories 17387 63rd Ave., Lake Oswego OR 97035 or Email: info@puritylabsinc.com

APPLICATION FOR CREDIT

PLEASE PRINT AND PR	OVIDE ALL REQUESTI	ED INFORMA	TION OR A	TTACH CREDIT INFORMATION	
Name of Business:					
City:	State:			Zip:	
Telephone:	Fax	State: Fax		ID#	
Application Completed	i By:				
Name:			Email:		
Please provide informat	ion regarding your	banks:			
Bank		Branch		Acct No	
Diagram and date the same law	-:	ورد واو توارد والعند			
Please provide three business references wi Trade Reference Telephone			EMail	d recent transactions:	
Trade Reference	reiephone	Telephone			
If credit is extended, I (we) agree that such exte	ensions of cre	dit shall be	e subject to the following terms	
and conditions:					
				radstreet or TRW or any officials	
	s) for approval, and it lit will be subject to tl			re) further agree that such	
	· ·	_		er than the date specified as due	
and payable on th		auc us invoic	ca, not late	if that the date specified as due	
		within the ti	me allowed	d in Paragraph 1 above will be	
	• • •	•	-	ent, per month, which is an	
	6 from and after the f	•			
				ed collector or attorney for	
			agree to p	pay collection or attorney's fees in	
addition to the de	linquent amount and	interest.			
Authorized Signature					
_					
Title:					
	Da	te:			