



26 NORTH MALL • PLAINVIEW, NY 11803
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CONFIDENTIAL BUSINESS CREDIT APPLICATION

BILLING ADDRESS (INVOICES)

MAILING ADDRESS (REPORTS)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____

FAX #: _____

<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION
If Corporation, State Of Incorporation _____ Date Established: _____ Federal Tax ID _____			
TYPE OF BUSINESS: _____			
PRINCIPALS:			
Name/Title: _____		Name/Title: _____	
Monthly credit line amount requested: _____			
Accounts payable contact and phone number: _____			

REFERENCES (Principal vendors, include Banking Information in lower right)

COMPANY NAME: _____ ADDRESS: _____ _____ PHONE #: _____ CONTACT: _____	COMPANY NAME: _____ ADDRESS: _____ _____ PHONE #: _____ CONTACT: _____
COMPANY NAME: _____ ADDRESS: _____ _____ PHONE #: _____ CONTACT: _____	BANK NAME: _____ ADDRESS: _____ _____ PHONE #: _____ CONTACT: _____ ACCOUNT #: _____

Applicant authorizes South Mall Analytical Labs, Inc. to contact the references provided so that information may be obtained to consider granting credit privileges. The applicant acknowledges that credit terms to be extended are NET 30 from the invoice date and a monthly service charge of 1 ½ % may be applied to overdue accounts. Applicant further agrees that should it become necessary to place the account into collection, applicant will be responsible for all collection costs including, but not limited to reasonable attorney's fees.

SIGNED: _____ TITLE: _____ DATE: _____