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# ISKON BIOTECH

## APPLICATION FOR CREDIT

Telephone:(817)861-5322

FAX :(817)261-1717

800 106<sup>th</sup> Street Arlington, Texas 76011

Customer \_\_\_\_\_ Trade Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Billing Address: \_\_\_\_\_ Organizational Structure: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Proprietorship \_\_\_\_\_ Date Established: \_\_\_\_\_

Partnership \_\_\_\_\_ Business Phone: \_\_\_\_\_

Corporation \_\_\_\_\_ Fax: \_\_\_\_\_

State of Inc. \_\_\_\_\_ Federal ID #: \_\_\_\_\_

### Owners/Partners/Officers

Principle #1 Name \_\_\_\_\_ Principle #2 Name \_\_\_\_\_

Business Title \_\_\_\_\_ Business Title \_\_\_\_\_

### Credit References: (Complete address and telephone numbers required)

Bank \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Contact \_\_\_\_\_

### Trade

1.Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_

2.Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_

3.Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_

The foregoing information has been carefully read by the undersigned and is, to my knowledge, in all respects complete, accurate and truthful. All invoices are due at 800 106<sup>th</sup> Street, Arlington, Texas, 76011.

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with terms of Net due Upon Receipt. Should I default in payment, I agree to pay interest at the maximum allowable rate from the date of default; and, if said default is referred to an attorney or agency for collection, I shall pay, in addition to the amount then remaining to be paid together with interest as stated above, a further amount of twenty percent (20%) added for collection fees if said collection fees shall then be permitted by law, and if not, then such lesser collection fees, if any shall be permitted by law. Should litigation become necessary, the buyer agrees to venue at the discretion of the seller. The laws of the State of Texas shall govern the provisions of this document.

Name of Individual or Firm \_\_\_\_\_ Date Submitted \_\_\_\_\_

Owner, Partner, or President's Signature \_\_\_\_\_