



**BioScreen®
Testing
Services, Inc.**

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Website: www.bioscreen.com • E-Mail: info@bioscreen.com

CONFIDENTIAL APPLICATION FOR OPEN ACCOUNT

Legal Company Name _____

Parent Company _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ A/P Contact: _____

Date Established _____ Type of Business _____ DUNS No _____ TAX ID # _____

Credit line requested \$ _____ Est. Monthly Purchases \$ _____ Purchase order required _____

Billing Address: (if different) _____

Billing Contact _____ Phone _____ Fax _____

Type of Entity: Proprietorship Partnership Corporation Other _____

Principal Officers 1. _____ 2. _____

Bank Name _____ Address _____

Account Number _____ Contact _____ Phone _____ Fax _____

Four Trade References, Addresses, and Phone Numbers (two major and two smaller)

Name _____ Address _____

City/State/Zip _____ Phone _____ Fax _____

Name _____ Address _____

City/State/Zip _____ Phone _____ Fax _____

Name _____ Address _____

City/State/Zip _____ Phone _____ Fax _____

Name _____ Address _____

City/State/Zip _____ Phone _____ Fax _____

THE ABOVE INFORMATION IS PROVIDED FOR THE PURPOSE OF EXTENDING CREDIT TO OUR COMPANY ON YOUR TERMS OF DUE UPON RECEIPT. TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THE INFORMATION IS ACCURATE AND MAY BE RELIED UPON IN MAKING YOUR CREDIT DECISION. APPLICANT'S SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH YOUR TERMS. APPLICANT'S SIGNATURE ALSO GRANTS BIOSCREEN TESTING SERVICES, INC. AUTHORIZATION FOR OUR BANK AND SUPPLIERS TO FURNISH YOU ANY INFORMATION NECESSARY TO COMPLETE YOUR EVALUATION OF OUR CREDIT HISTORY.

Signature _____

Date _____

Name: (please print) _____

Title _____

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