



# Credit Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Owner/CEO: \_\_\_\_\_

Business Type: | Corp. | Govt. | LLC | Other (Specify) \_\_\_\_\_

### Vendor References

Name & Address

Phone/Fax/Contact

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Bank Reference

Bank Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

Contact: \_\_\_\_\_

Signature

Printed Name

Title

Date

I, being an authorized agent of the above described applicant, agree to Infinity Laboratories' payment terms of NET 30 days.