



Full Service Analytical & Environmental Solutions

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CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FEDERAL ID NO.: \_\_\_\_\_

PRINCIPALS and/or OWNERS: (PLEASE LIST NAMES, ADDRESSES, & SOCIAL SECURITY NUMBERS)

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

HOW LONG IN BUSINESS: \_\_\_\_\_ CORPORATION: Y OR N TYPE OF BUSINESS: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

BANK ACCOUNT NUMBER(S): \_\_\_\_\_

CREDIT REFERENCES: (PLEASE LIST FOUR)

COMPANY NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CONTACT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CONTACT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ESTIMATED CREDIT REQUIRED PER MONTH: \$ \_\_\_\_\_ D&B NO.: \_\_\_\_\_

WE THE UNDERSIGNED AUTHORIZE PRISM LABORATORIES, INC. TO CONTACT THE REFERENCES LISTED ABOVE FOR THE PURPOSE OF ESTABLISHING CREDIT. WE AGREE THAT AMOUNTS OWING OVER 30 DAYS ARE SUBJECT TO A 1.5% PER MONTH INTEREST CHARGE.

AUTHORIZED SIGNATURE: (CORPORATE OFFICIAL OR OWNER)

NAME TITLE DATE