



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