



OFFICE USE ONLY: Acct # _____
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Credit Application

General Company Information

Company/Clinic Name		
Owner Name		
Street Address		
City/Town	State or Province	Zip Code/Postal Code
Telephone Number ()	FAX Number ()	
E-mail		Federal Tax ID Number
Legal form Under Which Business Operates <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE-PROPRIETORSHIP		In Business Since:
Billing Contact	Billing Contact Phone Number ()	
Billing Address (if different from above)		
Billing Contact E-mail		

Bank Reference

Bank Name & Branch	Bank Account Number	Check One: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Street Address		
City/Town	State or Province	Zip or Postal Code

Trade References (please provide 3 trade references)

Company Name		
Address		
Telephone Number ()	E-mail	Account Number
Company Name		
Address		
Telephone Number ()	E-mail	Account Number
Company Name		
Address		
Telephone Number ()	E-mail	Account Number

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Meridian Valley Lab, in order to verify the information supplied herein.

----- Name	----- Signature	----- Date
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