



Laboratory, Inc.

Credit Application

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

Doing Business As (dba): \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

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

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

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

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

Proprietorship  Partnership  Corporation \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Fiscal Year Ends \_\_\_\_\_ Year Business Established: \_\_\_\_\_

Type of Corporation  C  S Month

Officers, Partners or Owners:

Title \_\_\_\_\_ Name \_\_\_\_\_ S.S. No. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ % of ownership \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_ S.S. No. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ % of ownership \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_ S.S. No. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ % of ownership \_\_\_\_\_

If Subsidiary, Name & Address of Parent Company: \_\_\_\_\_

Resale Permit #: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

STATE ORGANIZATION/IDENTIFICATION # \_\_\_\_\_

Trade References: (Open account suppliers only)

Supplier	Address	Fax #
_____	_____	( )
_____	_____	( )
_____	_____	( )
_____	_____	( )

Financial References: (Banks, Savings & Loan, Flooring Companies.)

Name	Contact	Acct. #	Phone #	Fax #
_____	_____	_____	( )	( )
_____	_____	_____	( )	( )

Name, Phone # of your Independent Accountant: \_\_\_\_\_

Fire & Theft Insurance Co.: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Policy #: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Are your Accounts Receivable & or Inventory pledged as security:  Yes  No

Name & Address of Secured Entity: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

<i>Estimated monthly purchases:</i>	<i>Amount of 1<sup>st</sup> order:</i>	<i>Total estimated line of credit required:</i>
\$ _____	\$ _____	\$ _____

Additional Comments: \_\_\_\_\_

The undersigned hereby authorizes McIntosh Laboratory, Inc. to make such inquiries as are necessary to obtain credit information and authorizes our bank(s) of record to release information regarding our accounts(s). Upon failure of buyer to pay any indebtedness to McIntosh when due, McIntosh may declare the entire balance of all indebtedness in default. In this event, upon notice to buyer, the entire balance of all indebtedness shall become immediately due and payable. In the event of delinquency or default of buyer, buyer agrees to pay McIntosh interest at the rate of 1 1/2% per month(18% per annum); however, the rate is not to exceed individual state's maximum rate; plus agrees to pay 30% of the outstanding unpaid amount for collection expenses and attorney fees. The financial statements are certified to be true and correct and are submitted in support of and as part of the application for credit made herein.

**MAIL CURRENT FINANCIAL STATEMENTS TO:**

**McINTOSH LABORATORY, INC.**  
Credit Department  
2 Chambers Street.  
Binghamton, NY 13903

CORPORATE  
SEAL  
  
(IF APPLICABLE)

Fax: (607) 724-0549

*Note: The processing of this application will be delayed if not completed in its entirety and signed.*

_____	_____	_____
Date	Authorized Signature	Title

**FOR OFFICE USE ONLY**

Rep. No. \_\_\_\_\_ Salesman \_\_\_\_\_ Approved by National Sales Manager \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_