Bioteque America Inc.

P.O. Box 1518
Fremont, CA 94538
800-889-9008 Toll Free
408-526-9399 Fax

CREDIT APPLICATION FORM (NET 30)

Acct #: _____ Date Opened: _____

Please be assured that all information will be held in the strictest confidence. Please complete all items, particularly full name and address, to avoid any delay and inconvenience to you.

Company Legal Name:_____

E-mail Address: _____

Billing Address:

Address:_____

City:_____State:____ Zip:_____

Phone:_____Fax:_____

Shipping Address (if different from billing):

Address:_____

City:_____State:____ Zip:_____

Phone:_____Fax:_____

Business Type (Please circle one):

Clinic Dealer Distributor GYN Hospital OB/GYN Pharmacy Radiology Urology Other

Principals: Name Title

_____ _____

_____ _____

Yr/Mo in Business: _____ Tax ID: _____

Executive Officer: _____ Authorized Purchaser: _____

Accounts Payable Contact: _____ Phone #: _____

I, _____, agree that we will have a payment term of Net 30 with Bioteque America Inc. All payments will be paid by check or wire transfer. We will be charged additional 3.5% fee if pay by credit card and a finance fee* if payment is not received within 45 days from the day invoice is issued.

Sign by: _____ Date: _____

*Finance Fee will be 3% of the invoice amount each month until the invoice is paid in full.