



Bioteque Europe, Inc.
Port Blacklion,
Co. Cavan F91F3C6,
Ireland
Tel: +3 (531) 522-7778

Credit Application Form

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: _____ Shipping Address (if different from billing): _____
Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ 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 all payments will be paid to Bioteque America Inc. by check or wire transfer, all credit card payments will be charged an additional fee of 3.5% , and a finance fee* will be charged if payment is not received within 45 days from the day the invoice is issued.

Signed By: _____ Date: _____

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