

**CREDIT APPLICATION FORM**

**Please fill out, sign, and return this form by fax:**

To: Labs-Mart Inc.  
 Fax: 780-469-9080  
 Date: \_\_\_\_\_

**COMPANY**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Date Found: \_\_\_\_\_  
 Federal Tax ID#: \_\_\_\_\_

**For LABS-MART Inc. Use Only**

Account Number: \_\_\_\_\_  
 Credit Limit: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Note: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Bank Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TRADE REFERENCES**

Company 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company 2: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company 3: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

**THE UNDERSIGNED APPLICANT**

Agrees to pay all cost incurred within 21 days of invoice issued.

Certifies that all information submitted herein is complete and accurate.

Authorizes the above listed Bank and Trade References to release information to Labs-Mart Inc., for use in the evaluation of this credit application request.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_