VERAVAS
transforming laboratory medicine

# CUSTOMER ACCOUNT / CREDIT APPLICATION

Complete and Fax Application To: 612.345.9245 or email to accounting@veravas.com

| Legal Business Name | Trade Name-DBA | Phone # _____<br>Fax # |
|---|---|---|
| Billing Address | City | State Zip Code |
| Shipping Address | City | State Zip Code |

Business Is a: ☐Corporation ☐LLC ☐Partnership ☐Proprietorship
Year Started_____ State of Inc. _____ Federal EIN:_____
Website:_____ Dun & Bradstreet #_____

Are You a: ☐Subsidiary ☐ Division (if yes, check which)
Parent Company Name:_____ Address _____
City:_____ State:_____ Zip:_____
Do you require a purchase order# before we accept an order? ☐Yes ☐No
A/P Contact _____A/P Email_____
A/P Phone_____ Estimated Monthly Purchases. $ _____
Tax Exemption/Resale Certificate # _____ (attach copy of certificate to this application)
Terms Requested: ☐ COD ☐ Credit Card ☐ Net terms – Credit Limit Requested $_____

Bank References

| Bank Name | Contact Name | Phone Number |
|---|---|---|
| Street Address | City, State, Zip Code | Email Address |
| Account Number | | |

Trade References (Major Supplies)

| 1. Name | Contact Name | Phone No. |
|---|---|---|
| Street Address | City, State, Zip Code | Account No. |
| 2. Name | Contact Name | Phone No. |
| Street address | City, State, Zip Code | Account No. |
| 3. Name | Contact Name | Phone No. |
| Street Address | City, State, Zip Code | Account No. |

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Veravas, Inc. obtaining information about the Applicant from credit reporting agencies and other sources Veravas deems appropriate in considering this Application. If credit is extended, you agree to be bound by all the terms and conditions on Veravas' invoices and posted on Veravas' website.

_____ _____ _____
Authorized Signature Date Title