



9700 Great Seneca Highway
Rockville, MD 20850-3307, USA
Phone: +1 301-760-7307

Credit Application Form

Please complete, sign, and return this form along with your Credit References and Financial Statement.
Fax Forms and Purchase Orders to +1 301-760-3951.

Billing Address:		Company Address:	
Company Name		Company Name	
Attention		Attention	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Email		Email	

General Information

Federal Tax ID No.	Company Composition <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S Corp			Corporation State of:
Dun & Bradstreet (D&B) No.	At Present Location Since Date	Are Premises leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Credit Desired	
Principal/Manager	Title	Email	Phone No. & Extension	

Ordering Information

Are Written Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Merchandise for Resale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resale No. (if for resale, please provide Copy of Certificate)		
Purchasing Agent	Fax	Email	Phone No. & Extension	
Accounts Payable Contact	Fax	Email	Phone No. & Extension	

Bank Information

Bank Name	Branch Name	Bank Contact Officer		Phone No. & Extension
Bank Address	City	State	Zip	Type of Account and Account No.

Terms and Conditions

All accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full

Acceptance and Approval

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize **Alper Biotech LLC.** to make any and all inquiries necessary to process this Credit Application.

Name of Authorized Representative	Title		
Agreed and Accepted, Signed	Phone No. & Extension	Date	