



Certified Laboratories, Inc.

Full Service Laboratory – Est. 1926

Credit Application

Name of Firm			
Address	City	State	Zip Code
Years at this address	Telephone #	Fax #	

The following information must be provided. It will be held in the strictest confidence.

Ownership: Corporation Check here if incorporated within the past 12 months.
 Partnership Individual

1. _____
 Name(s) of Principal(s) Address Telephone #

2. _____

Financial:

Name of Bank	Address
Bank Officer/Department	Telephone #

References:

1. _____
 Business Name Address Telephone & Fax #

2. _____

3. _____

4. _____

Type of Business _____

All sales COD pending credit approval. Allow ten (10) days processing time. Terms: Net 15

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____ Date: _____

Title: _____