

**CREDIT APPLICATION**

1. Company Information

Full Legal Name/Business Entity Phone Fax

Doing Business as (DBA)

Billing Address City State Zip

Company Type:

Proprietorship Partnership Franchise Corporation Other**:**

No. of Employees Year Business Established Annual Sales Type of Business

Federal Tax ID State of Incorporation DUNS NUMBER:

E-Mail Address(es): Website:

2. Owner Information

Full Name (including middle initial) Title Social Security

Home Address City State Zip Phone

1. Bank References

Bank Name Account Number Contact

Address City State Zip Phone

|  |
| --- |
| Fax  Number of years doing business with this Company |

1. Trade Credit References

Company Name Contact

Address City State Zip Phone

|  |
| --- |
| Fax Number of years doing business with this Company |

Company Name Contact

Address City State Zip Phone

|  |
| --- |
| Fax Number of years doing business with this Company |

Company Name Contact

Address City State Zip Phone

|  |
| --- |
| Fax Number of years doing business with this Company |

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor’s State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

## Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL TERMS AND CONDITIONS

1. All invoices are to be paid 30 days from the date of the invoice.
2. All international orders must be paid in advance.
3. Claims arising from order confirmations and invoices must be made within seven working days.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

Mail application to:

Cancer Diagnostics, Inc.

4300 Emperor Blvd., Suite 400

Durham, NC 27703-8576

For fast credit approval, please email to: [creditapp@cancerdiagnostics.com](mailto:creditapp@cancerdiagnostics.com?subject=Customer%20Credit%20Application)