

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546, Oklahoma City, OK 73140 PHONE (405) 271-1144 FAX (405) 271-1174

Application For Credit

Name:		Accounting Contact:		
		Accounts Payable: Phone #		
		Fax #:		
	Fax:			
		Business Information		
Sole Proprietorship Partners	ship Corporation Other	·		
Type of Rusiness:		Voars in Rusinoss:	Number of Employe	205:
Type of Business:		Years in Busin <u>ess:</u> Credit Amt. Requested:		ees.
onicer.		Officer:		
		Banking Information		
Bank:	Branch:	Phone:	Fax:	
Address:	City:	State:	Zip:	
Contact:	Acct. No.:	Type Acct:		
	Acct. No.:	Type Acct:		
	Trade Refer	ences(No competitors or utility companies)		
Name	Contact	Address	Phone #	Fax #
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3.				
The undersigned warrants that the	ey are authorized to execute this agre	ement for the company list above, and that the	information given is true and a	accurate to the best
of their knowledge. We hereby au responsibility.	uthorize ARL Bio Pharma to investiga	te all references and customary credit information	on sources regarding our credi	t and financial
	fall	and the second s	d	
		ency or an attorney for collection, the undersign r or not suit is filed.	ied agrees	
APPLICANT'S SIGNATURE ATTESTS WITH PAYMENT TERMS GRANTED	-	Y, AND WILLINGNESS TO PAY IN ACCORDANCE		
Firm Name:				
Ву:	Title:	Dat	e:	
By:	Title:	Dat	e:	