



ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546, Oklahoma City, OK 73140

PHONE (405) 271-1144 FAX (405) 271-1174

Application For Credit

Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact: _____ Accounts Payable Phone #: _____

Accounts Payable Email: _____ Email for Invoices: _____

Business Information

Sole Proprietorship Partnership Corporation Other _____

Type of Business: _____ Years in Business: _____ Number of Employees: _____

Est. Annual Sales: _____ Est. Monthly Testing / Credit Amount Requested: _____

Federal Tax ID: _____ Dun & Bradstreet Number: _____

Officer: _____ Officer: _____

Credit References

Company Name: _____ Email Address: _____ Phone #: _____

Company Name: _____ Email Address: _____ Phone #: _____

Company Name: _____ Email Address: _____ Phone #: _____

The undersigned warrants that they are authorized to execute this agreement for the company listed above, and that the information given is true and accurate to the best of their knowledge. We hereby authorize ARL Bio Pharma to investigate all references and customary credit information sources regarding our credit and financial responsibility.

In the event of non-payment, and if this account is turned over to an agency or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and / or costs of collection, whether or not suit is filed.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY IN ACCORDANCE WITH PAYMENT TERMS GRANTED:

Firm Name: _____

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____