



**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: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

### Business Information

Sole Proprietorship \_\_\_\_\_ SS#: \_\_\_\_\_  
 Partnership Partner \_\_\_\_\_ SS#: \_\_\_\_\_  
                           Partner \_\_\_\_\_ SS#: \_\_\_\_\_  
 Corporation President \_\_\_\_\_  
                           Vice President \_\_\_\_\_  
                           Secretary \_\_\_\_\_  
                           Treasurer \_\_\_\_\_  
 Federal Tax No. (for Corp.) \_\_\_\_\_  
 Dun & Bradstreet Number \_\_\_\_\_

### Financial Information

Type of Business: \_\_\_\_\_ SIC: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Est. Annual Sales: \_\_\_\_\_ Credit Amt. Requested: \_\_\_\_\_

### Banking Information

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Type Acct: \_\_\_\_\_  
                           Acct. No.: \_\_\_\_\_ Type Acct: \_\_\_\_\_

### Trade References(No competitors or utility companies)

Name	Contact	Address	Phone #	Fax #
1.				
2.				
3.				

The preceding information is for the purpose of obtaining credit and is warranted to be true. 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: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_