

CREDIT INQUIRY

Date: _____

Company Legal Name: _____

DBA: _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Telephone No.: _____

BANK REFERENCE

Name of Bank: _____ Telephone No.: _____

Type of Account: _____ Account No.: _____

Bank Address: _____

Contact Person: _____

() Individual () Partnership () Corporation () Other

Year Established: _____ Tax I.D. No.: _____

DUN & BRADSTREET NO.: _____

THREE PRIMARY REFERENCES

Company: _____ Company: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Telephone: _____ Telephone: _____

Contact Person: _____ Contact Person: _____

Company: _____

Address: _____

City/State: _____

Telephone: _____

Contact Person: _____

AUTHORIZED SIGNATURE

TITLE

DATE

We read and understand EMS Laboratories' (EMS) terms and conditions and that submittal of samples to EMS for analysis constitutes agreement of all prices and conditions provided to you by EMS. The information submitted above is for the purpose of obtaining credit. We authorize your investigation of the information submitted above. We understand that accounts not paid within established credit terms as shown on the invoice will be considered delinquent. We agree to a late payment charge of one and one-half percent (1.5%) per month on the unpaid balance on any amount unpaid at the end of thirty (30) days from date of invoice. If unpaid amounts are collected through legal proceedings or by and attorney, we agree to pay reasonable costs and attorneys' fees or agents fees associated with such collection procedures or efforts.



EMS LABORATORIES

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