



**CONFIDENTIAL APPLICATION FOR OPEN ACCOUNT**

Company Name \_\_\_\_\_

Parent Company: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ A/P Contact: \_\_\_\_\_

Date Established \_\_\_\_\_ Type of Business \_\_\_\_\_ DUNS No \_\_\_\_\_ TAX ID #: \_\_\_\_\_

Credit line requested \$ \_\_\_\_\_ Est. Monthly Purchases \$ \_\_\_\_\_ Purchase order required \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Entity: Proprietorship Partnership Corporation Other \_\_\_\_\_

Principal Officers 1. \_\_\_\_\_ 2. \_\_\_\_\_

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

Account Number \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Four Trade References, Addresses, and Phone Numbers (two major and two smaller)**

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

BY SIGNING BELOW, I (APPLICANT) ACKNOWLEDGE THAT THE ABOVE INFORMATION IS PROVIDED FOR THE PURPOSE OF EXTENDING CREDIT TO THE COMPANY NAMED ABOVE. TO THE BEST OF APPLICANT'S KNOWLEDGE AND BELIEF, THE INFORMATION IS ACCURATE AND MAY BE RELIED UPON IN MAKING YOUR CREDIT DECISION. APPLICANT'S SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH OMEGA TECH LABS, INC'S TERMS. APPLICANT'S SIGNATURE ALSO GRANTS AUTHORIZATION FOR OUR BANK AND SUPPLIERS TO FURNISH ANY INFORMATION NECESSARY TO COMPLETE OMEGA TECH LABS, INC.'S EVALUATION OF OUR CREDIT HISTORY.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: (please print) \_\_\_\_\_ Title \_\_\_\_\_

**Payment terms are Net 30 on approved credit.  
We accept Visa, Mastercard & American Express.**

