



Application for Credit with EFFEX

Please note: It is the policy of EFFEX not to release any results/final written report unless full payment is made in advance or until this information is obtained and approved.

Company Name:	Type of Business:
Location Address:	Contact Person:
	Phone:
Billing Address:	Fax:
	A/P Contact:
	Phone:
	Fax:

Amount of Credit Requested: \$ _____

Are Purchase Orders Required? _____

How did you hear about us? _____

Names of Owners, Partners, or Officers

Name:	Title:	Address:	Phone:
1			
2			
3			

Trade References:	Address:	Phone:
1		Fax/Email:
2		Phone:
		Fax/Email:
3		Phone:
		Fax/Email:

Name of Bank: _____ **Phone Number:** _____

Account Number: _____ **Representative:** _____

Signature:	Title:	Date:
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By signing the above line and/or submitting samples, the client agrees:

1. That all information on this form is true
2. That EFFEX Analytical Services may verify the above information and research the company's credit history
3. To pay each invoice within net 30 days (upon credit approval*)
4. To pay a 1.5% service charge per month on any invoice thirty days or older.
5. To pay collection costs and attorney's fees in the event that collection efforts become necessary.

EFFEX Internal Use	Client Acct #:
Approved by:	Credit:
Date:	

* Approval terms may vary.