



CREDIT APPLICATION					
BUSINESS CONTACT INFORMATION					
Company Name:					
Applicant Name and Title:					
Phone:		Fax:		E-mail:	
BUSINESS INFORMATION					
Primary Business Address:					
City:			State:		ZIP Code:
Phone:		Fax:		Website:	
How long at current address?					
TIN:			DUNS:		
Date Business Commenced:					
Type of Business: Sole Proprietorship General Partnership Limited Partnership C-Corporation S-Corporation LLC					
BANK INFORMATION					
Bank Name:					
Bank Address:			Phone:		
City:			State:		ZIP Code:
Type of Account		Account Number			
Savings					
Checking					
BUSINESS/TRADE REFERENCES					
Company Name:					
Address:					
City:			State:		ZIP Code:
Phone:		Fax:		E-mail:	
Account Limit and Terms:					
Company Name:					
Address:					
City:			State:		ZIP Code:
Phone:		Fax:		E-mail:	
Account Limit and Terms:					
Company Name:					
Address:					
City:			State:		ZIP Code:
Phone:		Fax:		E-mail:	
Account Limit and Terms:					
AGREEMENT					
Applicant authorizes Paragon Laboratories, Inc. to make inquiries into the Banking and Business / Trade References that have been supplied and obtain a credit report. Applicant agrees to pay all invoices within 30 days from the date of the invoice. Claims arising from invoices must be made within seven working days.					
SIGNATURE					
Name:		Signature			
Title:					
Date:					