



2795 Second Street, Suite # 300
Davis, CA 95618
530.297.4800 phone
530.297.4803 fax

Credit Application

Legal name of business _____
Form of business: Sole Proprietorship Partnership Corporation, (State of _____) Other _____
Address _____
Phone _____ Fax _____ Number of years in Business _____
Internet Address _____ D & B Number _____
Federal Employer ID Number or Social Security Number _____
Billing address (if different from above) _____
Accounts Payable Contact _____ Title _____

Business Banking References

Bank _____ Phone _____ Fax _____
Address _____
Account No. _____ Type of Account: Checking Loan Other _____

Trade References

Company _____ Phone _____ Fax _____
Address _____
Company _____ Phone _____ Fax _____
Address _____
Company _____ Phone _____ Fax _____
Address _____

Owner/Principal Information

Name _____ Title _____
Home Address _____
Home Phone _____ Social Security No. _____
Names of other owner(s)/principal(s)

Terms and Conditions

- The Applicant certifies that the above is a true representation of the facts, and hereby authorizes any person or institution to furnish Kiff Analytical, LLC with any information requested in connection with this credit application.
- Upon credit approval, terms are net 30 and a finance charge of 1.5 % per month will accrue on balances over 60 days.
- In the event of a dispute between the parties, both parties hereto consent to arbitration of the dispute. The prevailing party shall be entitled to all attorneys' fees.
- Kiff Analytical makes no representations or warranties with respect to work performed or services rendered.
- By signing below, the Applicant agrees to the stated terms and accepts responsibility for all reasonable costs of collection should the account become delinquent.

Date _____ **Signed** _____ **Title** _____