

Credit Application

This form must be completed and returned to set up your credit account at the Laboratory for Personalized Molecular Medicine[®] (LabPMM).

Please fill out this form in its entirety and note that if any required information is missing, we will be unable to process the application for credit with LabPMM. Please state N/A for anything that is Not Applicable.

To avoid any typographical errors in handwriting translation, please complete the electronic version of this form. If you received a Fax version, please visit our website or email us at info@labpmm.com for an electronic version.

**Please complete
this form and return
to LabPMM by:**



Email
ap@labpmm.com

or



Fax
(858) 224-6601

Business Contact Information			
Company/Institution			
Phone		Fax	
Email			
Registered Company Address			
Street			
City		State	Zip
Country			
Date Business Commenced			
Type of Business			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other

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Business and Credit Information		
Primary Business Address		
City	State	Zip
Country		
How long at current address?		
A/P Email		
A/P Phone	A/P Fax	

Bank Name		
Address		
City	State	Zip
Phone		
Account Number		
Type of Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Checking
		<input type="checkbox"/> Other

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Business/Trade References			
Company Name		Type of Account	
Address			
City		State	Zip
Phone	Fax	Email	

Company Name		Type of Account	
Address			
City		State	Zip
Phone	Fax	Email	

Company Name		Type of Account	
Address			
City		State	Zip
Phone	Fax	Email	

Agreement
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize LabPMM, LLC to make inquiries into the banking and business/trade references that you have supplied.

Signatures	
X	X
Title	Title
Date	Date