

**Credit Application Form
QF-15**



Contact Information	
Name:	E-mail:
Phone:	Fax:
Company Name:	
Company Address:	
AP Contact Information	
Name:	E-mail:
Phone:	Fax:
Business and Credit Information	
Date business commenced:	Business Ownership:
Time at current address:	Type of Business:
Fed Tax ID #:	D&B#:
Bank name:	
Bank address:	Phone:
Type of account:	Account number:
Trade References	
Company name:	Contact:
Address:	Email: Phone: Fax:
Company name:	Contact:
Address:	Email: Phone: Fax:
Company name:	Contact:
Address:	Email: Phone: Fax:
Agreement	
<p>1. I certify that the above information is correct and I authorize the references listed above to provide credit information to ATZ Laboratory.</p> <p>2. I agree to comply with ATZ Laboratory Terms and Condition (QF-6).</p>	
Name (printed):	Signature:
Title:	Date: