



# Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843  
(208) 883-2839 • FAX 882-9246

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(509) 838-3999 • FAX 838-4433

## APPLICATION FOR CREDIT TERMS

ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SHIPPING (OR STREET ADDRESS) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

YEARS AT THIS ADDRESS \_\_\_\_\_ PROJECT MANAGER \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ \$ \_\_\_\_\_ \*\*  
REQUESTED CREDIT LINE

**OWNERSHIP:** *MARK ONE.*  
\_\_\_ CORPORATION \_\_\_ PARTNERSHIP \_\_\_ PROPRIETORSHIP \_\_\_ INDIVIDUAL \_\_\_ INCORPORATED IN LAST 12 MONTHS

PRESIDENT \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SECRETARY \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TREASURER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### FINANCE:

BANK NAME & BRANCH \_\_\_\_\_ ACCOUNT REPRESENTATIVE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

### REFERENCES: Please give three credit references who do business with you on an open account.

1)

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ TERMS \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_

2)

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ TERMS \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_

3)

COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ TERMS \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_

PLEASE COMPLETE AND FAX TO:  
208-882-9246 ATTN: CHERI

\*\*For credit lines greater than \$500 please include a copy of the company's most recent financial statements including a current Balance Sheet and Profit and Loss statement. The financials must be signed by an authorized officer of the company.

**PLEASE READ CAREFULLY:**

In order to establish an open account for your organization, you must agree to the following:

1. Our terms are a STRICT Net 30 days. This means we RECEIVE payment in full for all invoices WITHIN 30 days of our invoice date.
2. If any invoice is not paid within 45 days, your account will be put on hold, and no additional merchandise will be shipped nor services rendered until we receive full payment for all overdue invoices.
3. Invoices not paid within 30 days are subject to a service charge of 1.75% per month or any fraction thereof, or if the maximum service charge allowable by law is less than this amount, the maximum amount allowable by law.
4. Invoices not paid within 90 days of invoice day will be turned in for collection. Your organization agrees to hold Anatek Labs, Inc. harmless for the collection of these debts, and agrees to reimburse Anatek Labs, Inc. for all costs incurred in the collection of these debts, including but not limited to: applicable service charges, attorney's fees, filing costs, and court costs.
5. Anatek Labs, Inc. may, at its option, revoke any credit granted with or without reason.
6. The authorized individual signing this Application for Credit Terms will be held personally liable for any past due balances.
7. The above terms supercede any other terms stated or implied, either verbally or in print. These terms supercede any contradictory terms in your purchase order(s).

In consideration for establishing an open account, I (we) hereby agree to the above terms and conditions. Furthermore, I (we) authorized Anatek Labs, Inc. to investigate any and all information provided herein.

\_\_\_\_\_  
**NAME OF ORGANIZATION**

\_\_\_\_\_  
**NAME OF PRESIDENT OR FINANCIAL OFFICER**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_