



american diagnostica inc.
Creating products for life[®]

Standard Credit Reference and Application

Business Name: _____ Date Established: _____

Billing Address: _____

City, State, Country, and Postal Code: _____

Area Code & Telephone: _____ Fax: _____

Contact Name: _____ Ext./ Direct Line: _____

E-mail Address: _____ Website Address: _____

Shipping Address (if different than above): _____

Description of Business: _____

Ownership (Circle all that apply): Sole Ownership Partnership Corporation Non-Profit... Academic
Government Hospital Manufacturer Service Private Public State Federal

Dunn & Bradstreet Number: _____ Number of Employees: _____

Credit Agency You Are Listed With: _____

Have you had an account with American Diagnostica Inc. before? _____ NO _____ YES

If YES, Account number: _____

Account Name: _____

Are Purchases to be made with grant funding? _____ Yes _____ No Grant Number: _____

Grant Budget Period: _____ to _____ PO# Associated with Grant: _____

Names of Principals/ Owners: _____

Name of Bank: _____

Address: _____

Telephone Number: _____ Account Number: _____

Contact Name: _____

1st Trade Reference Name: _____

Address: _____

Telephone Number: _____ Account Number: _____

Contact Name: _____

2nd Trade Reference Name: _____

Address: _____

Telephone Number: _____ Account Number: _____

Contact Name: _____

List any outstanding judgments or liens: _____

The applicant signing below must be authorized to conduct and transact business on behalf of the firm requesting a credit line. The signer acknowledges and attests to the accuracy of the information provided, the firm's willingness and ability to pay invoices in accordance with terms indicated on the invoices and for American Diagnostica Inc. to obtain, as needed, information necessary to establish and maintain a line of credit for that account. A photographic or facsimile copy of this authorization shall be as valid as the original. Payment should be in US funds. Failure to comply with credit terms may result in loss of credit privileges. Any and all collections costs incurred on this account shall be the responsibility of the applicant. American Diagnostica Inc. does not agree and is not bound by any other terms or conditions that have not been expressly agreed to in writing by a duly authorized officer of American Diagnostica Inc.

Authorized Signer (print)

Title

Signature

Date

In order for us to grant you credit, we will need a brief, but complete description of your business. Please provide a brochure describing your company's products or services. Otherwise, please provide all of the following information:

Briefly, what is your company's principal business activity?

Is your company a subsidiary? _____ If so, define this relationship:

What is the purpose of purchasing our products?

Consumption? _____ Resale? _____

Source of your company's funding?

Grants? _____ Sales? _____ Contract Research? _____

What is the total annual value of your company's income from?:

Product Sales: _____ Grants: _____ Contract Research: _____ Service: _____

Has your company ever filed for bankruptcy or reorganization for credit protection? _____

If so, please provide the date and terms of settlement: _____

Please provide us with a current copy of your company's credit report, such as a Dunn & Bradstreet Report.

*****Our terms are 30 days net*****

We also accept payment by Visa or MasterCard

Orders may be placed by fax to (203) 602-2221 or via our website:

www.americandiagnostica.com

All purchase orders will be confirmed via FAX

Or by email (if provided to us when order is placed)

Please complete these 2 pages and return them via FAX to the Credit Department at
AMERICAN DIAGNOSTICA INC., 203-602-2221

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