



Account Application

Client ID No.
Internal Use Only

COMPANY INFORMATION						
Legal Company Name						
Address				City		
Province/State			Country		Zip/Postal Code	
Main Contact				Email		
Telephone No.				Fax. No		
BILLING INFORMATION						
Billing Contact				Email		
Billing Address				City		
Province/State			Country		Zip/Postal Code	
Telephone No.				Fax. No		
BUSINESS/FINANCIAL INFORMATION						
Type of Ownership <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Non-Profit <input type="radio"/> Government Agency						
Type of Business			Years in Business		Annual Revenue: \$	
Name of Bank				Account no.		
Bank Address				City		
Province/State			Country		Zip/Postal Code	
CREDIT REFERENCES						
Company Name	Address	City	Province/State	Postal/ Zip Code	Tel. No	Fax no.
<i>The above trade name is adopted by the Undersigned, who is/are jointly responsible for all goods or services ordered in this name. Upon approval of credit, I/We agree to honor the LLC Laboratories, Inc. (LLC Lab), Inc. credit terms of net 30 days in Canadian or US Dollar funds. If payment is not made in accordance of terms, I/We understand that a service charge of 2 % per month on past due accounts will accrue. I/We authorize release ratings and payment record information as required to LLC Lab and understand that all information will be held in strict confidence.</i>						
Authorized Person				E-mail		Telephone No.
Title/Position		Signature			Date	
Internal Use only						
Reviewed by		Signature			Date	
Credit Limit				Conditions		
Approved by		Signature			Date	