



Bioprocessing LLC

# CREDIT APPLICATION FOR A DOMESTIC RETAIL ACCOUNT

Please submit for to Bioprocessing LLC via fax at +1 773-423-0416 or email to: Juan@Bioprocessingllc.com

## BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

## BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Other			
Companies Federal (EIN/FEIN)		Social Security Number:	- -

## BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

## PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER WHEN REVIEWING YOUR APPLICATION

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**AGREEMENT**

1. If approved. Minimum orders are \$1,000.00 for Wholesale pricing.
2. Opening order terms and two consecutive re-orders are COD and orders thereafter require a 25% deposit and reminder balance is to be paid within 30 days from the date of the original invoice. (contingent on approved credit application)
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Bioprocessing LLC to make inquiries into the banking and business/trade references that you have supplied

**APPLICANT SIGNATURE**

**RECEIVED BY;**

Title:  
Date:

Title:  
Date: