

MACS Lab, Inc.
431 Crown Point Circle Suite 120
Grass Valley, CA 95945-9531
<http://www.macslab.com>

Phone: (530) 274-1470 FAX: (530) 274-1636
1-800-MACS LAB (1-800-622-7522)
Material Analysis and Characterization Service
Email accounting@macslab.com

MACS Lab, Inc.

Application for Credit

Business Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Please email invoices to: _____

(if blank, invoices will be mailed)

Form of Ownership: Individual _____ Partnership _____ Corporation _____

Limited Liability Company _____ Non – Profit _____ Government _____

Federal Employer Identification (Tax) Number: _____

Full Name of Owners / Authorized Authority: 1) _____

2) _____

Social Security Numbers: 1) _____ 2) _____

Home Address of Owner(s): _____

Home Phone of Owner(s):: _____

Estimated Monthly / Annual Purchases: _____

Summary of Commercial Charge Accounts:

Vendor name	Address	Fax #

Summary of Commercial Bank Accounts:

Bank Name	Branch location	Phone #	Account #

Summary of Largest Customers:

Company Name	Address	Credit limit

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Applicant's signature attests to financial responsibility, ability and willingness to pay invoices of MACS Lab, Inc., a Delaware corporation, in accordance with the following terms:

- 1 All charges payable in full 30 days from date of invoice.
- 2 Payment of 1.5% finance charge per month on all accounts past 30 days.
- 3 A service charge of \$25.00 will be made on all returned checks.

If the account is placed for collection, applicant agrees to pay all costs of collection, including reasonable attorney's fees that may be incurred seeking enforcement of this agreement or the collection of a delinquent debt.

The above information is given for the purpose of obtaining an open credit account with MACS Lab, Inc. and is warranted to be correct, and that the undersigned has read and agrees to the terms of credit above.

The undersigned further authorizes an investigation of credit history and authorizes credit references to release any information necessary to assist in establishing credit with MACS Lab, Inc.

Business Name: _____

Name and Title of Employee Completing: _____

Signature: _____ Date: _____