



BUSINESS CONTACT INFORMATION

Company Name:
Billing Contact Name:
Phone: Fax: E-mail:
Billing Address:
City: State: ZIP Code:
Date Business Commenced:
Sole Proprietorship: Partnership: Corporation: Other:

SHIPPING INFORMATION

Shipping Address:
City: State: ZIP Code:
Special Shipping Instructions:
Telephone: Fax: E-mail:

FINANCIAL INFORMATION

Bank Name: Bank Address:
City: State: ZIP Code:
Contact Name: Contact Phone:

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:

AGREEMENT

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs. The undersigned affirms that he/she is an officer or principal of the business herein named and that he/she has the authority to sign this form. This form, when executed, allows Key Biologics, LLC to verify payment history in relation to opening an account. Terms are Net 30 unless otherwise agreed prior to product shipment. All invoices not paid within terms are subject to a finance charge equal to one and one half percent (1½%) per month.

SIGNATURES

Signature: _____
Printed Name: _____
Title: _____
Date: _____