Daigger Scientific, Inc. 620 Lakeview Parkway | Vernon Hills, IL 60061 Phone: (847) 816-5060 | Fax: (847) 816-5051 CREDIT@ DAIGGER.COM

	CREDIT APPLICATION
Business Name:	
Billing Address:	Ship Address:
City, State, Zip:	City, State, Zip:
Phone:	Company Email:
Accounts Payable Contact:	A/P Phone:
A/P Email: Invoice Email:	
BUSINESS INFORMATION	
Type of Organization: Partnership:	Corporation: Gov't: Non-Profit:
Proprietorship: Other:	Month/Year Established:
Name of Owners(s) or Corporate Officer: _	
_	
Estimated Annual Purchase Amount:	
	Exempt: Yes — No — Number: — te(s) for each state in which product will be shipped.
	TRADE REFERENCES
Company Name:	Phone:
Address:	Email:
	Account Number:
Company Name:	Phone:
Address:	Email:
City, State, Zip:	Account Number:
Company Name:	Phone:
Address:	Email:
City, State, Zip:	Account Number:
	BANK REFERENCE
Bank Name:	Phone:
Address:	Email:
City, State, Zip:	Contact Name:
Account Number:	Line of Credit:
Account Type: Checking: Savings	s: Secured? Y N
The undersigned confirms that the above information is true and accurate. The undersigned authorizes Daigger Scientific to obtain credit and/or financial information from the bank and trade references listed above. If open credit terms are offered, the undersigned agrees to: (1) to pay all invoices within payment terms as stated on each invoice; (2) if invoices are not paid within Daigger Scientific payment terms any unpaid balances are subject to a late payment fee of 1.5% per month; (3) the undersigned agrees to pay for collection fees, legal and court fees and any other fees necessary to collect unpaid invoices in the event of default or failure to pay for goods sold and delivered. Name (printed):	
Authorized Signature:	
/ tatrionzou orginature.	Date

PLEASE EMAIL COMPLETED FORM TO: CREDIT@ DAIGGER.COM