



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|--|--|---|--|
| Title | | Date business commenced | |
| Company name | | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership** <input type="checkbox"/> Public or Private Corporation ** <input type="checkbox"/> Other | **If Privately Held Corporation or Partnership List Name of All Partners or Major Shareholders Here: |
| Federal Tax ID # | | | |
| Phone Fax | | | |
| E-mail | | | |
| Registered company address City, State ZIP Code | | | |

BUSINESS AND CREDIT INFORMATION

| | | | |
|------------------------------|--|--|---|
| City, State ZIP Code | | Bank name: | |
| How long at current address? | | Primary business address City, State ZIP Code | |
| Phone | | Phone | |
| Fax | | Account number | |
| E-mail | | Type of account | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |

BUSINESS/TRADE REFERENCES

| | | | |
|----------------------|--|-------------|--|
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| | | Other Phone | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| | | Other Phone | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| | | Other Phone | |

AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Process Sciences, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

| | | | |
|----------------|--|----------------|--|
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |