

Dear Customer:

Thank-you for your request to open a Veriteq Instruments credit account.

Please complete the attached customer credit application in its entirety, in particular *ensuring that all fax numbers are provided*. The person financially responsible for purchases must sign the form.

If you are a branch, subsidiary or franchise, please be sure to indicate your parent company.

Please return the completed credit application by fax to (604) 273-2874. Once your credit application has been received, it will be processed immediately. Note that this process can take several days – it mostly depends on how quickly your trade references reply to our fax requests.

Thank you for choosing Veriteq.

Veriteq Credit Department
Veriteq Instruments, Inc.
100-13775 Commerce Parkway
Richmond, BC Canada V6V 2V4
Phone: (604) 273-6850 **Fax: (604) 273-2874**
E-mail: sales@veriteq.com
Web site: www.veriteq.com

Veriteq Credit Application Form

Please complete the following form and *fax it back to (604) 273-2874*, attention: Veriteq Credit Department. Your application for credit will be processed as soon as possible.

I/We herein make an application to *Veriteq Instruments, Inc.* for credit and/or update and reconfirm our existing account with *Veriteq Instruments, Inc.* I/We give permission to verify the information stated herein. If credit is granted, I/We, promise to pay bills rendered.

Company Information

Company Name:			
Billing Address:			
State/Province		Zip/Postal Code	
Telephone:		Fax:	
Shipping Address:			
State/Province		Zip/Postal Code	
Purchasing Contact:		Phone:	E-mail:
Business Established in year:		Website:	
Federal Tax ID (EIN) #:		No. of Employees:	
Canadian Customers:	PST#		
	GST#		
Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
President:		Principal Owner / Officer:	
Accounts Payable Contact:		Phone:	E-mail:
Tax Exempt?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sales Tax Exempt ID#:	
Dunn & Bradstreet (D & B) #:			
Credit Line Requested:		Estimated Monthly Purchase:	

Bank Information

Bank Name:		
Address:		
State/Province		Zip/Postal Code
Contact Person:		Position:
Phone:		Fax:
Account #:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Trade References (3 required – please ensure fax numbers are provided)

1	Company Name		
	Address		
	State/Province		Zip/Postal Code
	Contact Person	Phone	Fax

2	Company Name		
	Address		
	State/Province		Zip/Postal Code
	Contact Person	Phone	Fax

3	Company Name		
	Address		
	State/Province		Zip/Postal Code
	Contact Person	Phone	Fax

THE ABOVE INFORMATION IS PROVIDED FOR THE PURPOSE OF OBTAINING AN ACCOUNT AND/OR CREDIT WITH VERITEQ INSTRUMENTS, INC. I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT AND TRUE. I UNDERSTAND CREDIT TERMS REQUIRE PAYMENT WITHIN 30 DAYS OF DELIVERY AND AGREE TO COMPLY WITH THOSE TERMS. BY MY SIGNATURE, I AM AUTHORIZING RELEASE OF CREDIT INFORMATION FOR THE REFERENCES LISTED ABOVE.

Signature of Authorized Officer/Principal, Title

Date