

For the purpose of obtaining merchandise from our Company on credit, the following statement in writing is made. Please type or print and complete all spaces. Incomplete applications will be returned.

FIRM NAME DATE				
NAME OF PARENT COMPANY IF	SUBSIDIARY			
ADDRESS				
PHONE	FAX		YEAR ESTABLISHED	
INCORPORATED?/STATE		A/C PAYABLE CONTACT		
PROPRIETOR/PARTNER/OFFICE	R NAMES:			
NAME/SS#		NAME/SS#		
ADDRESS		ADDRESS		
REFERENCES: (Give only names of	of those you buy from on open acco	ount)		
NAME		PHONE	FAX	
ADDRESS				
NAME		PHONE	FAX	
ADDRESS				
NAME		PHONE	FAX	
ADDRESS				
NAME		PHONE	FAX	
ADDRESS				
BANK		ACCOUNT NUMBER		
ADDRESS		PHONE		
AMOUNT OF CREDIT REQUEST_				
are 1% 10, net 30. There is a \$10 h agrees to pay Luseaux Laboratories a to collect any monies due from Purchaser agrees to pay all unearned	andling charge on all returned chec service charge of 1.5% per month (rchaser, Purchaser agrees to pay re d discounts charged back. Purchase ries, Inc. to obtain information from	ks. Should payment not b 18% annually), with a mini- casonable attorney's fees a er agrees to pay a 15% res	ete to the best of Purchaser's knowledge. Terms of sale e made in accordance with the terms of sale, Purchase mum charge of \$2.00. If legal action becomes necessary and collection costs incurred by Luseaux Laboratories tocking charge on all returned merchandise. Purchase a references and any outside credit agencies in order to	
Signed:	Title		Date	

LUSEAUX® Laboratories, Inc.

DETERGENTS • CLEANERS • SANITIZERS Gardena, CA 90247 • 800-266-1555 • 310-538-3889 (fax) Kingman, AZ 86401 • 800-895-4583 • 928-692-0208 (fax)