

# EPIC Labs, Inc. P.O. Box 7430, St. Cloud, MN 56302-7430

Ship to: 95 3<sup>rd</sup> Street NE., Walte Park, MN 56387 Ph: 320-656-1473 Fax: 320-656-1562 Toll-free Fax: 800-666-4513

## Customer Credit Application

Business Name \_\_\_\_\_

Type of Business:

Retail Only \_\_\_\_\_ Wholesale Lab Only \_\_\_\_\_ Retail/Wholesale \_\_\_\_\_

Bill to Address: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Private Corp ( ) Public Corp ( ) Corp ( ) Partnership ( ) Sole Prop ( )

Federal I.D.: \_\_\_\_\_ D&B Account #: \_\_\_\_\_

Yr Business Started \_\_\_\_\_ Estimated Monthly Credit Requested \$ \_\_\_\_\_

### Principle Owners:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Bank Reference:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

### Trade/Supplier References:

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Important:

As part of this credit application, and doing business with EPIC Labs, Inc. the above customer agrees to pay all invoices within 30 days from the date of invoice, or within 30 days of the monthly statement date if on statement pay. The customer agrees to pay a service charge of 1.5% per month (18% annualized rate) on all overdue balances. "Overdue balances" are defined as balances owing where payment is not received by due dates. The customer agrees to pay all reasonable seller attorney fees and related legal costs necessary in collection of overdue amounts.

Any purchases made from EPIC Labs, Inc. are made pursuant to the laws of the State of Minnesota and any transactions with EPIC Labs, Inc. shall be so construed. Further, any cause of action arising between the parties relating to any and all purchases or otherwise, shall be brought only in a court having jurisdiction and venue at the home office of EPIC Labs, Inc., that being St. Cloud, Minnesota.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_