



OMIC USA INC.

ANALYTICAL LABORATORY

3344 NW INDUSTRIAL ST., PORTLAND, OREGON 97210 | TEL: 503.223.1497 FAX: 503.223.9436 WWW.OMICUSA.COM

Business Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	Zip:	Phone: Fax:

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates: <div style="display: flex; justify-content: space-around; font-size: small;"> Corporation Partnership Proprietorship </div>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State/Zip: Phone: Fax:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State/Zip: Phone: Fax:

Bank Reference

Institution Name:	Account Number:	Contact:
Address:		Phone: Fax:

Trade References

Company Name:	Account Open Since:	Contact:
Address:		Phone: Fax:
Company Name:	Account Open Since:	Contact:
Address:		Phone: Fax:
Company Name:	Account Open Since:	Contact:
Address:		Phone: Fax:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution listed in this credit application to release necessary information to OMIC USA Inc. for which credit is being applied for in order to verify the information contained herein.

Upon credit approval, terms are Net 30. Accounts more than 30 days past due are subject to late fee charge.

Signature

Date