



Nelson Laboratories, Inc. NEW ACCOUNT APPLICATION

Complete and return both pages to Attn: Accounting, fax and email copies are acceptable.
Fax: 1-801-290-7998 or Email: accounting@nelsonlabs.com

COMPANY INFORMATION

Company Name:

Address of Company Headquarters:

City: State: ZIP/Postal Code:

Country: Phone: Fax:

Web Address:

Type of Business: Corporation Partnership Limited Partnership LLC Sole Proprietorship DBA

If DBA, Identify company:

Federal ID Number: Dun & Brad Number: N/A

Years in Business: Number of Employees: Annual Sales:

Principle Business Activity: Medical Device Pharmaceutical Tissue Bank Nutraceutical Other:

Total Estimated Annual Spend: \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 > \$100,000

Has this business or any predecessor ever filed bankruptcy? Yes No

If yes, when? State in which filed:

BILLING INFORMATION

Address:

City: State: ZIP/Postal Code:

Country: Phone: Fax:

Contact: Email:

Are purchase orders required: Yes No

SHIPPING INFORMATION

Shipping Address:

City: State: ZIP/Postal Code:

Preferred Shipping Courier: FedEx UPS Other Account Number:

BANK REFERENCE

Bank name: Officer to Contact:

Bank address:

City: State: ZIP/Postal Code:

Phone: Fax: Email:

Type of account Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name: Contact:

Address:

City: State: ZIP/Postal Code:

Phone: Fax: E-mail:

Company name: Contact:

Address:

City: State: ZIP/Postal Code:

Phone: Fax: E-mail:

TERMS AND CONDITIONS

PAYMENT TERMS ON SERVICES ARE NET 30 DAYS. Nelson Laboratories Inc. reserves its right in its sole discretion to cancel/reduce credit and refuse to make future credit sales. The Company applying for credit sales ("Debtor") agrees to review immediately upon receipt, each of Nelson Laboratories' statements and advise Nelson Laboratories of any discrepancy/dispute within 10 days of receipt of each such statement, together with a written statement for any discrepancy/dispute for any amount in excess of \$100 on any single statement. Failure to do so constitutes a waiver of any claim for such discrepancy/dispute.

In the event any balance due is not paid timely, payments may be applied first to costs of collection, attorneys fees and interest and then to principle even though the invoices being paid are designated on the payment remittance. Interest at the rate of 1.5% per month will be charged on all amounts not paid within 30 days after due date, both before and after judgment, and continuing each month until paid in full. In the event of default, the undersigned agrees to pay all costs of collection, including fees of any collection agency in the amount of not less than 100% of all amounts due and attorneys fees whether hourly or contingent, but not to be less than 100% of the amount due if contingent, together with costs of court and further agrees that any legal action brought hereunder may be brought in Salt Lake City, Utah. No terms or conditions hereof may be changed except by written consent of Nelson Laboratories Inc.

All sums due for goods and/or services purchased, by, for, or on behalf of the undersigned are payable to Nelson Laboratories Inc. 6280 South Redwood Road, Salt Lake City UT 84123.

This Agreement shall be binding upon the successors and assigns of the Debtor and regardless of any subsequent incorporation, reorganization, merger, consolidation of Debtor, change of partners, change of name or any other change in the composition of Debtor.

The undersigned warrants that he/she has the authority to execute this Open Account Agreement for Debtor and to bind said company to the terms contained herein and further certify that the information provided herein is true and correct. Customer further certifies that this request is for the extension of credit for business purposes. Debtor hereby accepts and agrees to the terms and conditions stated above including the payment terms. I/we hereby authorize you or your agent/representative to secure a credit report regarding Debtor from time to time in connection with the extension or continuation of credit represented by this Agreement or the collection of debts resulting there from. Debtor further agrees to the release of credit information, including the reporting of credit history to credit reporting agencies, consistent with the Fair Credit Reporting Act 15 U.S.C. §1681, et seq., as amended. This authorization shall be continuing without expiration. A photocopy or facsimile copy shall be given the same effect as the original.

The undersigned agrees to release credit information to Nelson Laboratories credit and collections department. It is understood that the information will be held in strict confidence and is for the sole purpose of extending credit or updating existing credit files.

SIGNATURES

Signature:	Date:
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Print Name:	Title:
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NELSON LABORATORIES USE ONLY

Account Number:	Credit Limit:
Approved By:	Date Approved:
Sales Representative:	Account Type: