

# Bio Shield Technologies

## CREDIT APPLICATION

Bio Shield Technologies  
PO Box 15  
Clarks Summit, Pa 18411  
Phone: 717-489-1728  
Fax: 717-489-0228

Legal Name _____	Date Completed _____
Billing Address _____	Phone # _____
City, State, Zip _____	Fax # _____
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> Proprietorship <b>Tax or Resale #</b> _____	
If a subsidiary or Division (Name of Parent Company) _____	Line of Business _____
Principals Name and Title _____	# Years in Business _____

### Principle Bank Reference

Bank Name _____	Account Number (required) _____
Mailing Address _____	Phone Number _____
City, State, Zip _____	Fax Number _____

### Trade References (3 Required)

Name _____	Account Number _____
Mailing Address _____	Phone Number _____
City, State, Zip _____	Fax Number _____
Name _____	Account Number _____
Mailing Address _____	Phone Number _____
City, State, Zip _____	Fax Number _____
Name _____	Account Number _____
Mailing Address _____	Phone Number _____
City, State, Zip _____	Fax Number _____

The undersigned hereby authorizes Bio Shield Technologies and its representatives and agents to inquire and receive information about the undersigned's accounts from any and all of the bank and trade references provided. The undersigned acknowledges that credit terms will only be granted only after Bio Shield Technologies has completed a satisfactory credit investigation. Bio Shield Technologies reserves the right to rescind credit or change terms at any time. The undersigned also acknowledges and accepts the payment terms and conditions of sale listed below:

- Standard terms of sale for credit approved customers are Net 30 Days from Invoice Date.
- Terms are not extended to freight invoices. They are due upon receipt.
- Collection costs and attorney's fees incurred in connection with any delinquent amount are the responsibility of the undersigned.
- A 1.5% monthly service charge will be applied to all past due accounts.
- Any payment not made within terms may result in the denial of future credit and orders may not be accepted or shipped if the account is past due.
- Payment will be accepted in the form of a company check which includes the company name on the face of the check and must be made payable in U.S. funds. U.S. currency, Mastercard, Visa and American Express are also accepted.
- Returned checks will be assessed \$30 handling fee for each occurrence.
- Direct shipment orders from our manufacturer may be shipped with a +/- quantity variance of up to 10%
- Bio Shield Technologies does not accept short pays or deductions without prior approval.
- Returns will only be accepted if a Return Authorization number is given in advance by Bio Shield Technologies and must be clearly noted on all related paperwork.
- Quoted prices are current but subject to change without notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (print or type) \_\_\_\_\_

Title \_\_\_\_\_

Submitted by: \_\_\_\_\_