

# APPLICATION FOR AN OPEN CREDIT ACCOUNT

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Year your business was founded / incorporated: \_\_\_\_\_  
Is your Company listed in Dun and Bradstreet? No Yes If yes, D-U-N-S Number: \_\_\_\_\_

## Company Bank:

Bank Officer: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Account Number: \_\_\_\_\_

## Four Additional References (vendors currently extending credit to your company):

Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

We understand that accounts are due and payable within 30 days from the invoice date. All discounts will be voided if payments are not made when due. Our firm agrees to pay interest on past due accounts at the maximum rate permitted by law. We also agree to pay collection costs including a reasonable attorney fee if accounts are collected by suit or otherwise. If litigation becomes necessary, we agree that it shall be ITL's option as to which courts shall have jurisdiction (those of Colorado or those of your home state or province).

**\*This form *must* be signed in order for ITL to issue credit to your company. The signer of this document asserts that he/she is authorized to commit the company/corporation to the terms of this credit application.**

Name \_\_\_\_\_ Title \_\_\_\_\_  
\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
Email address \_\_\_\_\_



Independent Testing Laboratories, Inc.  
4066 Camelot Circle, Longmont, Co 80504  
[itl@itlboulder.com](mailto:itl@itlboulder.com) • [www.itlboulder.com](http://www.itlboulder.com) • Tel: 303 442 1255 • Fax: 970-535-3114