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Credit Application

<i>Company Name:</i>					
<i>Company Address:</i>					
<i>City, State & Zip Code:</i>					
<i>Phone:</i>		<i>Fax:</i>			
<i>Email:</i>					
<i>Type of Business:</i>		<i>Years in Business:</i>		<i>Bio Sales Person:</i>	

Partners or Corporate Officers

<i>Name:</i>	<i>Title:</i>	<i>Home Address:</i>	<i>SS #:</i>

Bank References

<i>Bank Name:</i>		<i>Contact:</i>		<i>Phone:</i>	
<i>Address:</i>			<i>Suite #:</i>		
<i>City:</i>		<i>State:</i>		<i>Zip:</i>	
<i>Checking Account:</i>	<input type="checkbox"/>	<i>Savings Account:</i>	<input type="checkbox"/>	<i>Account #:</i>	
				<i>Electronic Statement?</i>	<i>Yes:</i> <input type="checkbox"/> <i>No:</i> <input type="checkbox"/>

Trade References: (3 at least, complete information required, including fax number)

<i>Company Name & Full Address:</i>	<i>Phone Number:</i>	<i>Fax Number:</i>	<i>Account Number:</i>

Credit Terms are 30 days from date of invoice. Outstanding balances are subject to 1.5% per month interest. In the event any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all cost of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

OWNER, PARTNER OR CORPORATE OFFICER SIGNATURE REQUIRED

My signature below indicates my permission for Bio Compression Systems, Inc. to obtain credit information from the sources I have referred including any external credit reporting source.

_____	_____	_____	_____	_____	_____
Signature	Title	Date	Signature	Title	Date
_____	_____	_____	_____	_____	_____
Print			Print		