

**Application for a Net 30 Account**

Please complete both  
Pages, sign & return via fax  
847-831-3955, then please  
Mail!



1544 Old Skokie Road  
Highland Park, IL 60035  
847-831-0300  
www.maxlab.net

Date: \_\_\_\_\_

1. Business name: \_\_\_\_\_

2. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

5. Years in Business: \_\_\_\_\_

6. Type of business: \_\_\_\_\_

7. Name of principal: \_\_\_\_\_

8. Home address of principal: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel # \_\_\_\_\_

9. Trade references:

A. \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel # \_\_\_\_\_

B. \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel # \_\_\_\_\_

10. Bank: \_\_\_\_\_ Checking Account # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel # \_\_\_\_\_

11. Person(s) authorized to purchase: \_\_\_\_\_

12. Sales tax exemption: Yes \_\_\_\_\_ No \_\_\_\_\_ Resale number: (please attach copy of form)

13. Credit amount desired: \_\_\_\_\_

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14. Purchase Order number or job name required: \_\_\_\_\_ Yes \_\_\_\_\_ No

15. **Terms: NET 30.** A 1.8% per month (21.6% annually) service charge will be added to account balances over 30 days. Accounts 45 days past due will be charged to credit card on file. For all open accounts with Max Lab, Inc. a credit card (Visa, MC, AE or Discover) must be kept on file. Please fill out all information requested. A \$35.00 fee will be charged for checks returned for insufficient funds or due to stop payment. If collection action becomes necessary, regarding this account, Max Lab, Inc. shall be entitled to an award of all it's expenses, including all reasonable attorney fees.

16. Credit card type: \_\_\_\_\_ Account #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expires : \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ 7 digit code on back: \_\_\_\_\_

17. Applicant's signature: \_\_\_\_\_

18. Title: \_\_\_\_\_ Date: \_\_\_\_\_