

ANRESCO LABORATORIES

Credit Application			
Business Contact Information			
Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Business and Credit Information			
Primary business address:			
City:	State:	ZIP:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:			
City:	State:	ZIP:	Phone:
Type of account	Account number		
Savings			
Checking			
Other			
Business and/or trade references			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Agreement			
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made with 7 working days. 3. By submitting this application you authorize ANRESCO Laboratories to make enquiries to the banking, savings, business, and/or trade references you have supplied. 			
Signature(s)			
Title:		Title:	
Date:		Date:	

Please fax this application to the attention of Accounts Payable at 415 822 6615.

Anresco Laboratories (www.anresco.com)
 1370 Van Dyke Ave.
 San Francisco, CA 94124

Tel: 415 822 1100
 Fax: 415 822 6615
 Email: info@Anresco.com