Signature



Name of Firm or Individual Years at this Address Address City State Zip Hereby applies for credit in accordance with the terms and conditions of Caltest Analytical Laboratory Attn: Accounting Manager 1885 North Kelly Road Credit Term: Net 30 Days Phone: 707-258-4000 Napa, CA 94558 **OWNERSHIP** The following information must be provided. It will be held in strict confidence. Corporation _____ Check here if incorporated within the past 12 months _____ Partnership _____ Individual ____ Federal ID # _____ Name(s) of Principals Complete Address, Zip and Phone 1. _____ **FINANCE** Primary Bank Bank Address Phone Bank Officer or Department Phone REFERENCES Complete Address Business Phone Fax I certify that all the information on this form is correct. I fully understand your credit terms and agree to the prompt payment in consideration of extended credit.

Date

Title