



CREDIT APPLICATION

Name of Firm: _____ DBA: _____

Billing Address: _____

Phone: _____
Fax: _____

Name of Officers: _____

TERMS. AGREEMENTS, ETC.

I hereby certify that the information contained in and/or attached to this application is true and correct and is furnished to Armstrong Forensic Laboratory, Inc. for the purpose of inducing said corporation to extend credit to the undersigned. The applicant understands and agrees that accounts not paid within AFL's payment terms of **Net 30 days** are subjected to late payment charges of 1.5%/month on the unpaid balance. The applicant agrees (1) to pay all charges within the payment terms after the billing date without finance charges or be subjected to late payment not in excess or permitted by law; (2) any balance owed will become due in full upon any default in payment of violation of terms of account of account use; (3) to pay all collection costs, including reasonable attorney fees. I hereby authorize AFL to contact our trade and bank references for normal credit information.

All bills and invoices are due and payable in Arlington, Tarrant County, Texas under the terms contained in each respective bill or invoice.

The undersigned here by guarantees all indebtedness owed to Armstrong Forensic Laboratory, Inc. by applicant.

(Signature of Officer, Partner or Owner)

(Date)

(Print Name)

(Title)

