



509 Oak Street  
DeKalb, IL 60115  
800-688-3904

## CREDIT APPLICATION

### Company Information

Company Name \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address \_\_\_\_\_

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

How Long? \_\_\_\_\_ Landlord \_\_\_\_\_ Landlord Phone \_\_\_\_\_

Estimated Annual Sales \_\_\_\_\_ Sales Area \_\_\_\_\_ Circle One: Incorporated Partnership DBA

### Owners, Principals, and Officers

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ SS# \_\_\_\_\_

### Trade References

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

### Bank References

Bank \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Banker Name \_\_\_\_\_ Circle One: Savings Checking Loan Acct # \_\_\_\_\_

Credit Terms are 30 days from date of invoice. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

Name	Title	Date	Name	Title	Date
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### Personal Guarantee

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Signature	Date	Signature	Date
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\_\_\_\_\_  
Print

\_\_\_\_\_  
Print



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## Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

It's convenient (saving you time and postage)

Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be mailed to you and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

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### Please complete the information below:

I \_\_\_\_\_ authorize Acculab to charge my credit card  
(full name)

indicated below for full amount on the 10th of each Month for payment of my Lab statement.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Acculab in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Acculab may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.



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## AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBIT)

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment.

I (we) authorize Acculab of Illinois to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account /  Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 30 days prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_

Signature \_\_\_\_\_

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

*Please attach a voided check below.*

**Void Check Goes Here**