



CLIENT ACCOUNT APPLICATION

CLIENT ID NO.: []
(For Office USE Only)

COMPANY INFORMATION

LEGAL COMPANY NAME: []
COMPANY ADDRESS: []
CITY: [] PROVINCE: [] COUNTRY: [] POSTAL CODE: []
MAIN PHONE NO.: [] MAIN FAX NO.: []

BILLING INFORMATION (if different)

BILLING CONTACT: []
BILLING ADDRESS: []
CITY: [] PROVINCE: [] COUNTRY: [] POSTAL CODE: []
BILLING PHONE NO.: [] FAX NO.: []
EMAIL ADDRESS: []

BUSINESS/FINANCIAL INFORMATION

TYPE OF OWNERSHIP: [] CORPORATION [] PARTNERSHIP [] NON-PROFIT [] GOVERNMENT AGENCY
TYPE OF BUSINESS: [] HOW LONG IN BUSINESS? [] YEARS ANNUAL SALES: \$ []

CREDIT INFORMATION

Table with 4 columns: NAME, CONTACT PERSON, ACCOUNT NUMBER, PHONE & FAX NO.S. Rows include BANK, REFERENCE 1, REFERENCE 2, REFERENCE 3.



AUTHORIZATION/CREDIT RELEASE

The above trade name is adopted by the Undersigned, who is/are jointly responsible for all goods or services ordered in this name.

Upon approval of credit, I/We agree to honor the Quality Compliance Laboratories (QCL), Inc. credit terms of net 30 days in Canadian or US Dollar funds. If payment is not made in accordance of terms, I/We understand that a service charge of 2 % per month on past due accounts will accrue.

I/We authorize release ratings and payment record information as required to QCL and understand that all information will be held in strict confidence.

AUTHORIZED PERSON'S NAME: (to be printed) TITLE:

AUTHORIZED PERSON'S SIGNATURE: DATE:

LEGAL COMPANY NAME:

COMPANY ADDRESS:

CITY: PROVINCE: COUNTRY: POSTAL CODE:

PHONE NO.: EXTENSION: MAIN FAX NO.: