



All items on this page must be filled out and returned in order to process credit application.

Which AEL Facility Would Be Your Primary Laboratory? (please circle one)

Altamonte Springs

Gainesville

Jacksonville

Tampa

Billing/Shipping Information (must have physical address in addition to PO Box, and land-line phone)

Date: _____

Individual/Company Name: _____

Street Address: _____

City/County: _____ State: _____ Zip: _____

Mailing Address: _____

City/County: _____ State: _____ Zip: _____

Business Phone: () _____ Fax: () _____ Mobile: _____

REQUIRED-Email address for your accounting department for statements: _____

Your Company

Type of Business: _____

Years in Business: _____ Number of Employees: _____

Proprietorship (please provide driver's license number) _____

Partnership Corporation Limited Liability Corporation

Other: _____

Principals and/or Officers

Name: _____ Title: _____

Social Security Number: _____

Street Address: _____

City/County: _____ State: _____ Zip: _____

Name: _____ Title: _____

Social Security Number: _____

Street Address: _____

City/County : _____ State: _____ Zip: _____

Name: _____ Title: _____

Social Security Number: _____

Street Address: _____

City/County: _____ State: _____ Zip: _____

Were any of the principals in business before? Yes No If so please give name of business and reason for discontinuing:

About Your Company

Work is conducted from: Home Shop Business Address Other Locations, please list

Are Purchase orders issued? Yes No

If answer is yes, by whom? _____

Special billing instructions: _____

Anticipated Sales Volume \$ _____ Estimated Monthly Purchases \$ _____

Banking Information – the below is a requirement to acquire credit.

The following information is critical for credit approval and will be kept in a confidential manner.

1) Name of Bank _____

Type of Account/Account #: _____

Address: _____

Contact Person at Bank: _____ Phone #: _____

2) Name of Bank _____

Type of Account/Account #: _____

Address: _____

Contact Person at Bank: _____ Phone #: _____

Major Supplier References – the below is a requirement to acquire credit.

1. Business: _____ Contact Person: _____

Address: _____

Phone Number: _____ Account #: _____

2. Business: _____ Contact Person: _____

Address: _____

Phone Number: _____ Account #: _____

3. Business: _____ Contact Person: _____

Address: _____

Phone Number: _____ Account #: _____

Contact Sheet for Banking and References/Major Suppliers

AEL will use the following page to contact your above Banking and Major Supplier references. We will fax the form to the references you listed above in order to verify information and establish credit. Please sign and date the form (the line right above the banking information line) to authorize your Bank and Suppliers to release the information requested to AEL. AEL will fill out the rest of the form. Without receiving this information, AEL can not establish credit for any client. All information will be kept confidential.



Advanced Environmental Laboratories, Inc.

Banking / Credit Verification Request
Please fax back to 904-363-9354

Attention: _____

DATE: _____

Bank / Vendor: _____

Fax Number: _____

To Whom it Concerns:

My firm _____ account # : _____

(name of firm wishing to open account or establish credit)

is attempting to establish a credit account with Advanced Environmental Laboratories. Please release the requested information below to assist with this effort. Please fax it back to AEL's Accounting Department at 904-363-9354, or email to accounting@aellab.com. Voice line is 904-363-9350. Thank you.

(Applicant: please put on the line above, your printed name, signature, and company title)

Banking Information – to be filled out by the banking representative only

When was the account opened? _____

Are there any NSF's against this account? _____ If yes, how many in the last 12 months? _____

What is the average collected balance? _____

(high or low 4, 5, or 6 figures?)

Is the firm currently approved for credit? _____ If yes, what is the credit limit? _____

Remarks _____

Please provide your name/phone #: _____

Vendor / Supplier Information – to be filled out by the vendor/supplier representative only

Highest Credit Extended \$ _____

Years doing Business _____

Current Balance Due \$ _____

Last Sale Date _____

Amount Past Due \$ _____

Terms of Sale _____

Any returned checks? _____

Manner of payment: When due _____ Satisfactory _____ Slow _____

Remarks _____

Please provide your name/phone #: _____

TERMS – signing the terms below is a requirement to acquire credit.

We, the undersigned applicant, agree to pay all sums due according *AEL standard terms of Net 30 days from invoice date* and we agree to pay 1.5% per month service charge on all amounts past due. We agree to pay all cost of collections including a minimum of 25% attorney's fees.

The undersigned certifies the above information to be correct, that is submitted for the purpose of obtaining credit, and agrees to all of the terms and conditions of sale of Advanced Environmental Laboratories, Inc.. We also authorize you to inquire of principal trade creditors,banks, other credit references to check credit and allow you to answer questions from others about your credit experience with us. The undersigned hereby waives all venue objections and agrees to notify Advanced Environmental Laboratories, Inc. in writing of any change in the form of ownership of applicant's business within five days of such change. The undersigned agrees and consents that facsimile signatures shall be deemed original signatures for all purposes in connection forewith.

_____	_____ (Seal)
Date	Owner/Officer Signature
_____	_____
Witness	Title

Personal Guarantor

For and in consideration of Advanced Environmental Laboratories, Inc., extending credit at my request of the undersigned to the entity applying credit above (applicant), the undersigned hereby personally guarantees Advanced Environmental Laboratories, Inc. the payment of any obligations of the applicant and the undersigned hereby agrees to pay Advanced Environmental Laboratories, Inc. on demand without offset, any sum which may become due to Advanced Environmental Laboratories, Inc., by the applicant whenever the applicant shall fail to pay the same, and further agrees to pay all costs of collections including a minimum of 25% attorney's fees. It is understood that the guaranty shall be a continuing and irrevocable guaranty and the indemnity for such indebtedness of the applicant. The undersigned hereby to the extent permitted by law to waive the Homestead exemption, notice of acceptance hereto, notice of presentment, demand, non payment, dishonor and protest, and consents to and waives notice of any modification, Amendment or extension of the terms of the credit agreement hereby guaranteed. The undersigned further agree to notify Advanced Environmental Laboratories, Inc. in writing of any change in the financial condition of the purchaser's business or ownership within five days of such change. The undersigned agrees and consents that facsimile signatures for all purposes in connections forewith.

_____	_____	_____
Witness	Date	Guarantor

		Social Security Number

_____	_____	_____
Witness	Date	Guarantor

		Social Security Number