NEW CLIENT CREDIT APPLICATION

Name of Business or Individual				Phone
Billing Address		Shipping	g Address (if different)	Fax
City	State Zip	City		State Zip
Years in Business	President			
Corporation	Vice President			
Partnership	Secretary			
Individual Ownership*	Treasurer			
*SSN Required	Email Address			
	We estimate our maximum me	onthly cred	it requirements from your firm to b	be: \$
Bank Name			Phone	
Address			Contact Person	
City State Zip			Checking Account Number	
	CREDIT	REFERE	NCES	
Name:			Phone:	
Address:			Zip: Fax:	
Name			Phone:	
Address:			Zip: Fax:	
Name			Phone:	
Address:			Zip: Fax:	
Please check the box[es] that best describe your business: Residential Commercial Government Home Inspection/Appraisal Consulting Training Contractor Other Please check the box[es] that best describe your current or future laboratory needs: Asbestos Bacteria Lead Mold IAQ How did you hear about QuanTEM?: Advertisement Mailer Referral Website Other				
			invoices are due and payable within 30 aboratories according to these terms, inc	
I understand that receipt of samples by published price or by prior agreement.		agreement o	of QuanTEM's terms and conditions. Al	l tests performed at current
	Date	Signa	ture/Title	
	ration of credit given by QuanTEM the Debtor to QuanTEM, now exist	ARANTEE Laboratories ing or which	, hereby personally guarantees the prommay hereafter arise. The obligation of t	
	Date	Guara	antor Signature	
CUNEM® LABORATORIES	Ret	urn To:	QuanTEM Laboratories, Inc. 2033 Heritage Park Drive Oklahoma City, OK 73120	800.822.1650 405.755.7272 405.755.2058 Fax

