



## New Client Information

### BUSINESS CONTACT INFORMATION

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Company address: \_\_\_\_\_

Owner/Authorized Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Controller: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing address (if different): \_\_\_\_\_

### BUSINESS AND CREDIT INFORMATION

Date business established: \_\_\_\_\_ No. of employees: \_\_\_\_\_

Business description: \_\_\_\_\_

Sole Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

Fed ID: \_\_\_\_\_ Duns: \_\_\_\_\_

Bank name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Account No. \_\_\_\_\_ Type:  Checking  Savings  Other \_\_\_\_\_

### BUSINESS/TRADE REFERENCES

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_ Acct.# \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_ Acct.# \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_ Acct.# \_\_\_\_\_

### AGREEMENT

1. All invoices are to be paid net 30 days from the date of the invoice. A finance charge of 1.5% per month is charged on all past due accounts. All past due accounts are responsible for any legal and collection fees. Torrent reserves the right to hold, delay or cancel services for any unpaid client's account.
2. Claim(s) arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Torrent Laboratory, Inc to make inquiries into the banking and business/trade references that you have supplied.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_