

Based on the following data, I/we hereby apply to Biological Innovation & Optimization Systems, LLC for credit accommodations. The information below as submitted, is true and correct according to the best of my knowledge. The undersigned agrees to abide by the standard terms & conditions and personal guarantee of sales, as printed below.

Please complete fields marked with * to expedite the application.

*Company Name: _____ *Locations: _____

DBA: _____

*Credit Limit Requested (\$): _____ *Requested Terms: Net 5 Net 30

Freight Terms - \$5,000 Prepaid freight

*Corporate (Head Office) Address: _____ *City: _____

State / Province: _____ ZIP / Postal Code: _____

Locations Covered Under this Credit Account

Please list other purchasing locations authorized to purchase under this credit account (if applicable)

Location Name	Street Address	City	State/Province	ZIP / Postal Code

*Shipping Address: _____ *City: _____

(If different from above)

State / Province: _____ ZIP / Postal Code: _____

*Business Phone Number: _____ *Website: _____

*Email: _____

Years in business: _____ *Federal Tax ID: _____ *D&B ID#: _____

*Legal Entity Form: Corporation: LLC: LLP: Sole Proprietorship:

*Please attach the following documents:

- Financial statements - most recent issued
- D&B report - within last three months

*Accounts Payable and Purchasing

Primary Accounts Payable Contact Name: _____ AP Phone #: _____

AP email: _____ Alternate email: _____

Billing Address: _____ City: _____

(If different from above)

State / Province: _____ ZIP / Postal Code: _____

Primary Purchaser Name: _____ Phone #: _____

Purchaser email (if different from above): _____

*Trade References (Major Suppliers)

Credit application will not be processed without trade references.

Name: _____ Email: _____ Phone #: _____

Name: _____ Email: _____ Phone #: _____

Name: _____ Email: _____ Phone #: _____

***TAX STATUS - REQUIRED**

If no box is checked or proof of exemption** is not attached, account will be notes as NOT EXEMPT and taxed.

Not Exempt

Exempt

**Exemption Forms are required if Exempt box is checked: Resale, Multi-jurisdiction, Direct Pay Permit, or Exempt Certificate. W-9's and Sales Licenses are not acceptable.

TERMS & CONDITIONS

The undersigned agrees that the terms and conditions of sale for any and all of its products (the "Products") will be exclusively governed by the Standard Terms and Conditions of Sale set forth by Biological Innovation & Optimization Systems, LLC (the "Terms and Conditions"). Biological Innovation & Optimization Systems, LLC ("Seller") reserves the right to amend, modify, update and clarify the Terms and Conditions from time to time, and any such revised Terms and Conditions will become applicable to any orders for Products that occur after those revised Terms and Condition are posted on our website. Note: standard payment terms are net 30 days from date of invoice.

I HAVE READ THE ABOVE STATEMENT AND AGREE TO THE ABOVE TERMS

Credit application will not be processed without signature

*Printed Name of Officer: _____ *Officer Title: _____

*Signature: _____ *Date: _____

Definition of officer above: The officer has the **authority to enter into financial obligations** on behalf of the company.