

Buxton BioMedical, inc

11 Melanie Lane • East Hanover, NJ 07936

973-560-4848 / Fax 973-560-4999 • Federal ID # 22-3236480

www.buxtonbio.com info@buxtonbio.com

Open Account Credit Application

Company Name: _____

Purchasing Contact: _____ email address: _____

Phone: _____ Fax: _____

Shipping Address: _____

Please indicate your preferred courier and your account number (optional) 3rd party? _____

FEDEX _____ UPS _____

A/P Contact: _____ Phone: _____ Email: _____

Bill to Address: _____

Pref. Method of Receiving Invoices: _____ By Mail _____ By Email _____

Type of Business: _____ Corporation _____ Partnership _____ Proprietorship _____ LLC

Year established: _____ Federal ID Number: _____

Buxton accepts ACH payments; please contact us for setup.

Are you a tax exempt institution in your state? YES _____ NO _____

If yes, please include your TAX exempt certificate with this application. Exempt # _____

***Note For Open Accounts:** Our terms are NET 30 DAYS. FOB East Hanover. We assume freight will be prepaid and added unless other arrangements are made. Balances beyond our terms are subject to finance charges of 1.5% per month. Unpaid invoices in excess of 90 days will be turned over to an outside collection agency. Any fees incurred from outside collectors will be the sole responsibility of the purchaser. Fees are generally 25-40% of the outstanding balance. Please pay promptly to avoid these additional charges.*

Signature of Contact _____ Date: _____

Name Printed: _____ Position: _____

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Open Account Credit Application (part 2)

Company Name: _____

Names of Owners, Partners or Officers:

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Two Trade Credit References:

Vendor Name: _____

Account #: _____ Phone: _____

Address: _____

Contact: _____

Vendor Name: _____

Account #: _____ Phone: _____

Address: _____

Contact: _____

Bank Credit Reference:

Bank Name: _____ Contact: _____

Address: _____

Bank Phone: _____ Bank Fax: _____

Account #: _____ Type: *Checking:* _____ *Savings:* _____ *Other:* _____

Customer Signature: _____ Today's Date _____

(Authorized to release banking information)

To be Filled out by Banking Institution

Request for Bank Credit Reference

The above-mentioned customer has listed your institution as a credit reference in their application for credit with our company. We would appreciate if you would respond to the following questions and fax the form back to us at **973-215-2922** or return by mail to: **Buxton BioMedical, inc. • 11 Melanie Lane • East Hanover, NJ 07936**

Customer Since: _____

Average 12 monthly balance: _____

Returned Checks: _____

Customer Rated by you: Excellent _____ Satisfactory _____ Unsatisfactory _____

Thank you for your assistance.