R&G Laboratories, Inc.

Providing Excellence in Lubricant Analysis

Application for Credit

Company Name_____ Date_____

A/P Contact_____ Phone #_____

Billing Address:_____ PO# required: YES____ NO____

_____

_____

Billing E-mail Address if available_____

Billing Website if available_____

Ownership type: **Corporation** ____ **Partnership** ___ **Proprietor** ____

Business Description_____

# of Year(s) at present location _____Year Established_____

Federal ID #_____ (or) SSN#_____

Corporate Officer:_____ Title_____

Phone#_____ E-mail_____

Banking Info: Bank Name:_____

Contact _____ Phone #_____

Address_____

City_____ State_____ Zip_____

E-mail_____ Account #_____

Trade Reference #1: Company_____

Name_____ Phone #_____

Address_____

City_____ State_____ Zip_____

Fax_____ E-mail_____

Trade Reference #2: Company_____

Name_____ Phone #_____

Address_____

City_____ State_____ Zip_____

Fax_____ E-mail_____

Signed by:_____Title_____

Please E-mail completed form to Cheryl@randglabs.com or Fax to (813) 793-4429