

NEW ACCOUNT APPLICATION

EMPIRICAL LABORATORIES, LLC

PHONE: (615) 345-1115

621 Mainstream Drive, Suite 270, Nashville, TN 37228

FAX: (866) 417-0548

(PLEASE TYPE OR PRINT)

Date		Anticipated Monthly Purchase Volume		Purchase Order Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Company Name			Business Phone Number ()		Business Fax Number ()
Street Address		City		State	Zip Code
Billing Address (if different than above)		City		State	Zip Code
Principal Authorized Officer				Title	
Secondary Authorized Officer				Title	
Person To Contact Regarding the Account				Main Line of Business	
DUNS Number	DBA or ADA		If Subsidiary, Name of Parent Company		
Taxpayer ID Number	In Business Since	Number of Locations	Number of Employees	Annual Sales \$	
Bank Name		Contact	Account Number		Account Number
Bank Address		City	State	Zip Code	Phone Number ()
Trade Reference Name	Address	City	State	Zip Code	Phone Number ()
Trade Reference Name	Address	City	State	Zip Code	Phone Number ()
Trade Reference Name	Address	City	State	Zip Code	Phone Number ()

SIGNATURES REQUIRED

a. CHECK HERE IF INCORPORATED FOR MORE THAN ONE YEAR AND SIGN BELOW.

If you have not been incorporated for more than one year, please refer to 5b below. The undersigned hereby grants permission to EMPIRICAL LABORATORIES, LLC to obtain from any source any information related to its credit standing, agrees to supply to EMPIRICAL LABORATORIES, LLC (without charge) such financial statements and other information as may reasonably be requested by EMPIRICAL LABORATORIES, LLC and warrants the accuracy of the information in this application and any other materials submitted by the undersigned. The undersigned agrees to EMPIRICAL LABORATORIES, LLC's terms of Net 30 days, unless otherwise agreed to. Court costs plus attorney's fees will be added to your account if we must refer to an attorney for collection

Officer or Authorized Signature _____ Date _____

Print Signer's Name _____ Position _____

b. CHECK HERE IF INCORPORATED FOR LESS THAN ONE (1) YEAR, A SOLE PROPRIETORSHIP, OR A PARTNERSHIP AND SIGN BELOW.

**PERSONAL CREDIT INFORMATION/GUARANTY
MUST BE COMPLETED BY CORPORATIONS IN BUSINESS LESS THAN ONE (1) YEAR, UNINCORPORATED, A SOLE PROPRIETORSHIP,
OR A PARTNERSHIP.**

I agree that if my business has been incorporated for less than one (1) year, unincorporated, a sole proprietorship, or a partnership, I authorize EMPIRICAL LABORATORIES, LLC or its agent to investigate my personal credit, financial records, including banking records. It is understood that my personal credit bureau may be requested by EMPIRICAL LABORATORIES, LLC to assist in the investigation of my financial records and I personally guarantee the repayment of the debt. If my business has been incorporated for one (1) year or more it is understood that my personal financial records will not be investigated without my prior authorization.

First Name	Initial	Last Name		Social Security Number	
Present Home Address (Number and Street)				Home Phone Number ()	
City		State		Zip Code	

DO NOT SIGN THIS BUSINESS AGREEMENT BEFORE YOU HAVE READ THE IMPORTANT INFORMATION ABOVE.

Authorized Signature: _____ Date: _____

Print Signer's Name: _____ Position: _____