

Application for Credit & Credit Agreement

Please complete all items, attach additional pages with details as necessary and return to accountsreceivable@mpbio.com
MP Biomedicals LLC • 29525 Fountain Pkwy •Solon •OH 44139 • 800.854.0530 www.mpbio.com

Company Information as Registered			Order Pending: Ye	es 🗆 No 🗆	Amount	::
Business Legal Name:			Phone:		E	mail:
Address:			City:		State:	Zip:
Billing Address:			City:		State:	Zip:
Federal EIN:	Duns#:			NAICS C	ode:	
Name of Parent Comp, if any		Phone: _		Fax: _		
Parent Comp. Address:			City:		State:	Zip Code
Parent Comp. EIN:	Invoices Paid by: 🗆 Loc	cal Office	☐ Parent Office			
Accounts Payable:	Phone:			Invoices	via Email: Ye	s 🗆 No 🗆
Contact:	Fax:			Email: _		
Purchasing Contact:						
				Email:		
Tax Exempt: Yes □ No □ (if yes, attach t						
State Sales Tax Exempt: Yes □ No □ (
Credit Limit Requested:	,,	,	pected Annual Pu	rchases:		
Company Officers/Owners:			ganizational Struc			
CEO Name:	· · · · · · · · · · · · · · · · · · ·	Co	rp Partnersh	nip:	_Proprietorshi	pLLC
Address:e-ma		Sta	ite and Date:			
City: State:	Zip		vnership: Public: What Exchan			Public
CFO Name:		11 F	TUDIIC. WITAL EXCITATION	ge:	TICK	ei:
Address:		Re	lated Companies: (A	ttach list if a	pplicable)	
City:State:	Zip	Su	bsidiaries: (Attach lis	t if applicab	le)	
Business Background Information:						
-						
Brief description of business:						
Product Sold:						
Number of employees:						
Bankruptcy, Liquidation or other form of ins						
Ever done business under any other names?	res ⊔ No ⊔ Details:					
PLEASE ATTACH FINANCIAL STATEMENTS						
Bank Reference						
	Phone: _			Email	·	
Name:	Fax:					
Checking Account No.	Contact	t / Officer:				



Name/Title

Application for Credit & Credit Agreement

TRADE REFERENCES (if preferred - standard data/information sheet with references can be submitted)

Name: Account# Email: City: State: Zip Code:	Name:				
Contact:					
Remail: Address: City: State: Zip Code: Account# Email: Email: Email: Zip Code: Zip Code: Account# Email: Email: Zip Code: Zip Cod	Address:	City:	State:	Zip Code:	
Name:	Contact:	~ :	_		
Address:	Account#	Em	ail:		
Address:	Name:				
Address:			State:	Zip Code:	
Name:	Contact:	~ :			
Address:	Account#	Em	ail:		
Address:					
Account# Email: The Information and statements in this application are true and complete and are made for the purpose of persuading MP Biomedical LLC to establish a line of credit. MP Biomedicals, LLC is hereby authorized to obtain any information it considers necessary from any sour concerning the statements in the application. In consideration of, and in order to persuade MP Biomedicals, LLC to establish line of credit bas on the foregoing application, the undersigned promises to pay for all purchases in accordance with MP Biomedicals, LLC's terms of sale. If any time, for any reason, the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes M Biomedicals, LLC to bill the buyer's account interest to be computed at the legal rate permitted by law, per month on any past due amou owning on any amount due under this agreement, of any portion thereof. The undersigned promises to pay such additional collection co charges and expenses including reasonable attorney's fees if the account is placed in the hands of an attorney for collections. MP Biomedicals, LLC is required by the US Food and Drug Administration to confirm that none of the life science products we sell will used for clinical applications for humans or animals. Per the US Code of Federal Regulations, Title 21 Part 1300-1399, MP Biomedicals, LLC required to keep records and may report to the US Drug Enforcement Administration the name and address of purchasers of regulat substances. MP Biomedicals, LLC will also make available to any investigating Federal or State government office, information regarding t purchasers of any material under investigation. Will you be exporting products purchased from MP Biomedicals or will the products ultimately be exported? YES / NO If yes, please declare the country of final destination: • I have read and understood the above statement, and agree that products purchased from MP Biomedicals, LLC will not be for human consumption or utilized in a clinical application.					
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human consumption or utilized in a clinical application. • I accept MP Biomedicals Terms & Conditions (for current version, please visit https://www.mpbio.com/terms-and-conditions)	concerning the statements in the application on the foregoing application, the undersign any time, for any reason, the undersigned Biomedicals, LLC to bill the buyer's account owning on any amount due under this agricharges and expenses including reasonable MP Biomedicals, LLC is required by the used for clinical applications for humans of required to keep records and may report substances. MP Biomedicals, LLC will also	n. In consideration of, and in or ned promises to pay for all puris unable to pay for said purch t interest to be computed at the eement, of any portion thereo attorney's fees if the account in EUS Food and Drug Administration animals. Per the US Code of Food to the US Drug Enforcement make available to any investigation.	d to obtain any information of the persuade MP Bio chases in accordance with asses when due, the unnelegal rate permitted lef. The undersigned prospection to confirm that not be deral Regulations, Title Administration the nare	medicals, LLC to establis th MP Biomedicals, LLC dersigned agrees to par by law, per month on a mises to pay such addit an attorney for collectione of the life science program and address of purine and address of purine the life and address of purine and address of purine the MP Biomedical (1) and the life science program and address of purine address of p	sary from any sour sh line of credit base c's terms of sale. If y and authorizes N ny past due amou cional collection co- ons. oducts we sell will I P Biomedicals, LLC chasers of regulate
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Signature Date	concerning the statements in the application on the foregoing application, the undersign any time, for any reason, the undersigned Biomedicals, LLC to bill the buyer's account owning on any amount due under this agrocharges and expenses including reasonable MP Biomedicals, LLC is required by the used for clinical applications for humans or required to keep records and may report substances. MP Biomedicals, LLC will also purchasers of any material under investigative Will you be exporting products purchasers of any material under investigative YES / NO If yes, please declared I have read and understood the all human consumption or utilized in	n. In consideration of, and in or need promises to pay for all puris unable to pay for said purch t interest to be computed at the eement, of any portion thereo e attorney's fees if the account is US Food and Drug Administration animals. Per the US Code of Food to the US Drug Enforcement make available to any investigation. The end of the end of the end of the US Drug Enforcement make available to any investigation. The end of the end	d to obtain any information of the topersuade MP Bio chases in accordance with asses when due, the unite legal rate permitted of the undersigned property of the undersigned in the hands of the undersigned of the und	medicals, LLC to establis th MP Biomedicals, LLC dersigned agrees to pay oy law, per month on a mises to pay such addit an attorney for collection to e 21 Part 1300-1399, M the and address of pure overnment office, inform the life because of the life becau	sary from any sour sh line of credit base?'s terms of sale. If y and authorizes Nany past due amoutional collection colons. Deducts we sell will IP Biomedicals, LLC chasers of regulate mation regarding the Cwill not be for
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Business Affiliation