



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: Yes No Amount: _____

Business Legal Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Federal EIN: _____ Duns#: _____ NAICS Code: _____

Name of Parent Comp, if any _____ Phone: _____ Fax: _____

Parent Comp. Address: _____ City: _____ State: _____ Zip Code _____

Parent Comp. EIN: _____ Invoices Paid by: Local Office Parent Office

Accounts Payable: Phone: _____ Invoices via Email: Yes No

Contact: _____ Fax: _____ Email: _____

Purchasing Contact: Phone: _____

_____ Fax: _____ Email: _____

Tax Exempt: Yes No (if yes, attach tax exempt certificate) Web site: _____

State Sales Tax Exempt: Yes No (if yes, attach tax exempt certificate)

Credit Limit Requested: _____ Expected Annual Purchases: _____

Company Officers/Owners:

CEO Name: _____

Address: _____ e-mail: _____

City: _____ State: _____ Zip _____

CFO Name: _____

Address: _____

City: _____ State: _____ Zip _____

Organizational Structure:

Corp. _____ Partnership: _____ Proprietorship _____ LLC _____

State and Date: _____

Ownership: _____ Private: _____ Public _____

If Public: What Exchange? _____ Ticker? _____

Related Companies: (Attach list if applicable) _____

Subsidiaries: (Attach list if applicable) _____

Business Background Information:

Brief description of business: _____

Product Sold: _____ Seasonality: _____

Number of employees: _____ Business Established: _____ Years at present Location: _____

Bankruptcy, Liquidation or other form of insolvency? Yes No If Yes, Year: _____ Jurisdiction: _____

Ever done business under any other names? Yes No Details: _____

PLEASE ATTACH FINANCIAL STATEMENTS

Bank Reference

Name: _____ Phone: _____ Email: _____

Checking Account No. _____ Fax: _____

Contact / Officer: _____



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

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ ☎: _____ 📠: _____

Account# _____ Email: _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ ☎: _____ 📠: _____

Account# _____ Email: _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ ☎: _____ 📠: _____

Account# _____ Email: _____

The Information and statements in this application are true and complete and are made for the purpose of persuading MP Biomedicals, LLC to establish a line of credit. MP Biomedicals, LLC is hereby authorized to obtain any information it considers necessary from any source concerning the statements in the application. In consideration of, and in order to persuade MP Biomedicals, LLC to establish line of credit based on the foregoing application, the undersigned promises to pay for all purchases in accordance with MP Biomedicals, LLC's terms of sale. If at any time, for any reason, the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes MP 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 amount owning on any amount due under this agreement, of any portion thereof. The undersigned promises to pay such additional collection cost, 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 be used for clinical applications for humans or animals. Per the US Code of Federal Regulations, Title 21 Part 1300-1399, MP Biomedicals, LLC is required to keep records and may report to the US Drug Enforcement Administration the name and address of purchasers of regulated substances. MP Biomedicals, LLC will also make available to any investigating Federal or State government office, information regarding the 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.
- I accept MP Biomedicals Terms & Conditions (for current version, please visit <https://www.mpbio.com/terms-and-conditions>)

Signature

Date

Name/Title

Business Affiliation