



NEW ACCOUNT APPLICATION

Phone: 714.340.2710 Email: credit@phirelabs.com

Sales Representative: _____	Credit Line Requested: _____	Terms Requested: _____	
General Company Information			
Legal Entity: _____		Phone: _____	
Trade/DBA: _____		Fax: _____	
Corporate Address: _____			
City: _____ State: _____		Zip: _____	
Primary Business Address: _____			
City: _____ State: _____		Zip: _____	
Check One: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		State: _____ Fed ID#: _____	
Date Established: _____ Annual Sales: _____ Cannabis License #: _____ Type: _____			
Account Contact Information		Billing Contact Information	
Contact Name: _____		Billing Name: _____	
Contact Title: _____		Billing Phone: _____	
Contact Email: _____		Billing Fax: _____	
Contact Phone: _____		We are a PAPERLESS company-We will send invoices via email to the Billing contact.	
Contact Fax: _____		Billing Email: _____	
Any special exemptions that you qualify for though the State Board of Equalization? (Resale, Farming, Government entity)		CC Email: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Resale #: _____		Please initial here to acknowledge that Laboratories & Distributions Inc. will be processing payments electronically. <i>Please email checks to : credit@phirelabs.com</i>	
If Yes, please provide resale certificate along WITH Application.			
Will a PO or Job # be needed on invoices? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who will provide PO or Job #? _____			
Bank References			
Bank Name: _____		Bank Contact: _____	
Routing #: _____		Account #: (Required) _____	
Address: _____		Phone: _____	
City: _____ State: _____		Zip: _____ Fax: _____	
Trade References			
Company Name:			
Address:			
City, State, Zip:			
Phone:			
Fax:			
Account #:			
Contact:			

Signature & Authorization

In order for Phire Laboratories & Distributions, Inc to extend credit to: _____ (hereinafter "The Customer") the undersigned hereby grants Phire Laboratories & Distributions, Inc to make investigations of the customer's credit and authorizes the customer's creditors and business references to provide information to Phire Laboratories & Distributions, Inc as required in conjunction with this application. The customer releases all such persons from liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. The undersigned expressly agrees to the agreed upon terms without obtaining signature upon delivery. In the event Phire Laboratories & Distributions, Inc has to collect money owed by the customer, the customer expressly agrees to pay all reasonable attorney fees and costs with Phire Laboratories & Distributions, Inc has incurred in making collections. In addition to a 1.5% interest charge for all invoices over 30 days. The undersigned warrants that the above agreement has been carefully read and that the customer understands the same. The undersigned agrees to immediately notify seller in writing of any future material changes therein, including the sale of the business to others.

Name (PRINT)

Signature

Date