



Application for Credit

Company Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____
 Owners Name: _____ Year Established: _____

Trade References (please include contact, fax and phone numbers for each):

Name/Address	Phone/Fax/Contact
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____
4. _____ _____	_____

Name of Bank: _____ Phone No.: _____
 Account Number: _____ Contact: _____

Signature _____ Title _____ Date _____

By signing above and/or by submitting samples, CDM Smith, Inc. - Rancho Cucamonga agrees to the Weck Labs Terms and Conditions and to the payment terms of NET 30 days (upon credit approval).

Credit Card Authorization

Visa
 Master Card
 American Express

Account Number: _____
 Name: _____ Expiration Date: _____

Signature _____ Date _____



Charges authorized for Project Name: _____