

**Indiana Standards Laboratory**

2919 Shelby Street  
Indianapolis, IN 46203-5236

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Established: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_

Owners, Partners, or Officers:

Name/Title: \_\_\_\_\_

Name/Title: \_\_\_\_\_

**References – (3) Trade references and (1) Bank Reference:**

Trade: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Trade: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Trade: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Account No: \_\_\_\_\_

**Tax Status:**

Taxable  Exempt  Resale (Attach copy of valid certificate if applicable)

*Terms of payments are net 30 days. It is understood and agreed that past due balances are subject to service charges at the rate of 1- 1/2 % per month or maximum permitted by law. We hereby authorize you to contact above references for needed credit information.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)