

C M Products Group LLC Credit Application Form

Please fill out this application completely and return it to our accounts manager

Please Submit Application to:

Email: solreal1110@gmail.com

Phone: (928) 246-3858

General Business Information (Complete all fields.)		Parent/Affiliated Companies (if applicable)	
Legal Business Name		Legal Business Name	
Business Name: _____		Business Name: _____	
Street Address: _____		Street Address: _____	
City: _____	State: _____ Zip: _____	City: _____	State: _____ Zip: _____
City: _____	State: _____ Zip: _____	City: _____	State: _____ Zip: _____
Phone #: () - _____		Phone #: () - _____	
Fax #: () - _____		Fax #: () - _____	
Web Address: _____		Web Address: _____	
Federal Tax ID #: _____ Dun & Bradstreet ID #: _____ DBA, if any: _____ VAT#, if any: _____			
<i>(Note: If applicable, copy of reseller or tax exemption certificate required.)</i>			
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Govt. Agency <input type="checkbox"/> Other _____			
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public Univ/Coll <input type="checkbox"/> Private Univ/Coll			
Years in Business: _____ Year of Inc.: _____ State of Inc: _____			
Credit Requested \$: _____		Terms (Net 30 standard): _____	
Are Purchase Orders Used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of person responsible for purchasing: _____		Telephone: _____ Email: _____	
Name of person responsible for accounts payable: _____		Telephone: _____ Email: _____	

Name of Owners, Partners, or Officers and Titles if Incorporated (Complete all fields and provide at least one owner, partner or officer.)			
Name: _____	Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____	Title: _____
Phone #: () - _____	Phone #: () - _____	Phone #: () - _____	Phone #: () - _____
Email: _____	Email: _____	Email: _____	Email: _____

Trade Reference Information (Please provide information of at least three companies you represent / distribute for.)			
Name: _____	Name: _____	Name: _____	Name: _____
Contact Person: _____	Contact Person: _____	Contact Person: _____	Contact Person: _____
Address: _____	Address: _____	Address: _____	Address: _____
City: _____	State: _____ Zip: _____	City: _____	State: _____ Zip: _____
Phone #: () - _____	Phone #: () - _____	Phone #: () - _____	Phone #: () - _____
Fax #: () - _____	Fax #: () - _____	Fax #: () - _____	Fax #: () - _____
Email: _____	Email: _____	Email: _____	Email: _____
Account #: _____	Account #: _____	Account #: _____	Account #: _____
Name: _____	Name: _____	Name: _____	Name: _____
Contact Person: _____	Contact Person: _____	Contact Person: _____	Contact Person: _____
Address: _____	Address: _____	Address: _____	Address: _____
City: _____	State: _____ Zip: _____	City: _____	State: _____ Zip: _____
Phone #: () - _____	Phone #: () - _____	Phone #: () - _____	Phone #: () - _____
Fax #: () - _____	Fax #: () - _____	Fax #: () - _____	Fax #: () - _____
Email: _____	Email: _____	Email: _____	Email: _____
Account #: _____	Account #: _____	Account #: _____	Account #: _____

Bank Reference Information (Complete all fields and provide at least one reference.)

Bank Name:	_____	Bank Name:	_____
Contact Person:	_____	Contact Person:	_____
Address:	_____	Address:	_____
City:	State: Zip:	City:	State: Zip:
Phone #:	() -	Phone #:	() -
Fax #:	() -	Fax #:	() -
Email:	_____	Email:	_____
Checking Acct #:	_____	Checking Acct #:	_____
Savings Acct #:	_____	Savings Acct #:	_____
Loan Officer:	_____	Loan Officer:	_____
Loan #:	_____	Loan #:	_____

This application is submitted for the purpose of obtaining credit with C M Products Group LLC. and is warranted to be true. By signing this application, the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent moneys. The undersigned hereby authorizes C M Products Group LLC to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) of record to release information regarding accounts.

Signature of Authorized Owner, Partner or Corporate Officer Required.

Please include current financial statements. Personal financial statements for all owners/officers must be furnished for companies in existence less than two years. Upon credit approval, the undersigned agrees to terms of NET 30 DAYS.

Signature of Owner, Partner or Corporate Officer

Date

Printed Name of Signer

Title

C M Products Group LLC Blanket Sales Tax Exemption Certificate

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(MULTI-JURISDICTION)

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Phone: (928) 246-3858

Issued to: C M Products Group LLC.
3317 Linda Vista Terrace
Los Angeles, CA. 90032

* Name of Firm (Buyer): _____

* Street Address or P.O. Box Number: _____

* City: _____ * State: _____ * Zip: _____

* Buyer is Engaged as a Registered: Wholesaler Retailer Lessor Manufacturer
 Other: _____

and is registered with the below listed state(s) where your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration #</u>	<u>State</u>	<u>Registration #</u>
AL	_____	MA	_____	PA	_____
AR	_____	MD	_____	RI	_____
AZ	_____	ME	_____	SC	_____
CA	_____	MI	_____	SD	_____
CO	_____	MN	_____	TN	_____
CT	_____	MO	_____	TX	_____
DC	_____	MS	_____	UT	_____
FL	_____	NC	_____	VA	_____
GA	_____	ND	_____	VT	_____
IA	_____	NE	_____	WA	_____
ID	_____	NJ	_____	WI	_____
IL	_____	NM	_____	WV	_____
IN	_____	NV	_____	WY	_____
KS	_____	NY	_____		
KY	_____	OH	_____		
LA	_____	OK	_____		

(*) We will need a copy of each State Certificate attached with this application.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the state.

General Description of Products to be Purchased from Seller:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

*Authorized Signature: _____

*Title: _____ *Date: _____

C M Products Group LLC
Authorization to Release Credit Information

Please fill out this application completely and return it to our accounts manager

Please Submit Application to:

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Phone: (928) 246-3858

In consideration of an open account arrangement with C M Products Group LLC, I hereby authorize you to release information to BioFire Diagnostics, Inc. regarding credit history, checking and savings accounts, and/or loan experience. Thank you for your cooperation.

Legal Name of Company _____

DBA, if any _____

Authorized Signature _____

Title _____

Date _____