



Mello Biotechnology Inc.
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CREDIT APPLICATION

Please complete the application and return to Mello Biotechnology Inc via email sales@mellobiotech.com, fax (562) 645-5332 or mail to the address above.

Company Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Type of Business Academia/University Government Research Lab
 Commercial Ref Lab Pharmaceutical Biotech
 Other: _____

Year Established _____ At Present
Location Since _____

Controller's Name _____

Accounts Payable Manager Name _____

Tax Exempt (Yes/No) _____
If applicable, please send a copy of your Tax Exemption Certificate

Bank Reference _____
(Name, Address and Phone)

Trade Reference (Name, Address and Phone)
1. _____
2. _____
3. _____

The above information is offered for your consideration as a basis for the extension of credit to us, on terms of Net 30 days, for the date of invoice. We hereby authorize you to contact our Trade and Bank References for credit information as may be required by your firm.

Signature Title Date