ORIGENE TECHNOLOGIES, INC.

9620 Medical Center Drive, Suite 200,
Rockville, MD 20850
Phone: (301) 340-3188 Fax: (301) 340-7152
Email: billing@origene.com

CUSTOMER CREDIT APPLICATION
(REQUEST FOR CREDIT/NEW CUSTOMER ACCOUNT)

Dear Customer,

Thank you for your inquiry with OriGene Technologies, Inc and interest in our products. Attached please find a credit application you need to complete, and then have it signed by an authorized person in charge of your Finance/Accounting function so we can set up your account. We will review your credit terms upon receipt of your credit application.

Should you have any questions regarding your account, please do not hesitate to contact us. Thank you for your order and we look forward to working with you.

Best Regards,

OriGene Technologies, Inc.
Accounting Department
Phone: (301) 340-3188
Fax: (301) 340-7152
Email: billing@origene.com

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CREDIT APPLICATION

CUSTOMER ACCOUNT NUMBER:

GENERAL INFORMATION		
NAME OF BUSINESS:		**TAX ID#:**
NUMBER OF YEARS IN BUSINESS:	**NUMBER OF EMPLOYEES IN BUSINESS:**	
ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
PHONE:	**FAX:**	**WEBSITE:**
BILLING INFORMATION		
CONTACT NAME:		**TITLE:**
ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
PHONE:	**FAX:**	**EMAIL:**
PURCHASING DEPARTMENT		
CONTACT NAME:		**TITLE:**
ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
PHONE:	**FAX:**	**EMAIL:**
BANKING INFORMATION		
BANK NAME:		**PHONE:**
ADDRESS:		
ACCOUNT#:		**ACCOUNT TYPE:**
ACCOUNT#:		**ACCOUNT TYPE:**
CREDIT REFERENCE 1		
COMPANY NAME:		**PHONE:**
THE MOST RECENT PURCHASE DATE:		**AMOUNT:**

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CONTACT NAME:		
ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
CREDIT REFERENCE 2		
COMPANY NAME:		**PHONE:**
THE MOST RECENT PURCHASE DATE:		**AMOUNT:**
CONTACT NAME:		
ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
CREDIT REFERENCE 3		
COMPANY NAME:		**PHONE:**
THE MOST RECENT PURCHASE DATE:		**AMOUNT:**
CONTACT NAME:		
ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**

CREDIT TERMS

All invoices rendered by OriGene are to be paid within 30 days of the invoice date. Failure to settle accounts in accordance with these terms will be considered sufficient cause for immediate cancellation of credit, making all outstanding balances past due and immediately payable. Your future credit privileges may also be revoked.

CERTIFICATION/AUTHORIZATION

I, the undersigned, authorize OriGene to verify my creditworthiness with the references listed above. I certify that the information provided is correct and I have read and understood the credit terms and conditions listed above. I agree to accept these terms and conditions.

Signature	Print Name	Title	Date

***** This application must be signed by Director of Finance or CFO ******