

DIAPHARMA GROUP, INC.

8948 Beckett Rd.

West Chester, Ohio 45069

www.diapharma.com

Customer Service: 800-526-5224

Technical Support: 800-447-3846

Fax: 513-860-9635

Email: info@diapharma.com**CREDIT APPLICATION FOR A BUSINESS ACCOUNT****CUSTOMER INFORMATION**

Company Name		Date Co. Established	
Federal Tax Number		E-mail	
Physical Street Address		Phone	
City, State, Zip Code		Fax	
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			

BILLING INFORMATION PO NUMBER REQUIRED?**BANK INFORMATION**

Billing Street Address		Bank name	
City, State, Zip Code		Account Manager	
A/P Contact Name		Phone	
A/P Phone		Account number	
A/P E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

The terms and conditions of the sale of Products are subject to the Sales Terms & Conditions of DiaPharma Group, Inc. (DIAPHARMA) which are found online at <https://diapharma.com/terms/>. These Sales Terms and Conditions are incorporated herein by reference, and you agree to these Sales Terms and Conditions with your purchase of Products from the DiaPharma Group, Inc. Pending receipt and review of credit application, Cash on Delivery (COD) or Payment Prior to Shipping (CIA) (via credit card or wire transfer) may be required. If credit is extended to Customer, Customer will tender payment within thirty days of invoice date at the address indicated on the invoice. DIAPHARMA reserves the right to modify payment terms at any time for any reason. In case of failure to make payment as agreed, DIAPHARMA may take any remedial action available, including, but not limited to, use of outside agencies or attorneys. By signing this credit application, Customer agrees that it is responsible for payment of costs and fees incurred by DIAPHARMA or by outside agencies/attorneys to collect amounts past due. **By submitting this application, you authorize DIAPHARMA to make inquiries into the banking and business/trade references that you have supplied.**

AUTHORIZED SIGNATURE

Signature _____

Date _____

Name (printed) _____

Title _____