

LIFELOC TECHNOLOGIES, INC.

Website Application for Credit

Company Name: _____ Phone # _____

Billing Address: _____ Fax # _____

_____ D & B # _____

Federal Tax ID# _____ Amount of credit limit desired _____

Type of Business: Corp _____ LLC _____ Partnership _____ Individual _____

Years in Business _____ At Present Location _____ # of Employees _____

List Authorized Personnel To Place Orders:

Are we allowed to accept VERBAL ORDERS? Yes _____ No _____

Do you require purchase order numbers for payment? Yes _____ No _____

Vendor References: (Please list only vendors you are currently doing business with)

Name: _____ Account # _____

Ph # _____ Fax # _____ Contact _____

Name: _____ Account # _____

Ph # _____ Fax # _____ Contact _____

Name: _____ Account # _____

Ph # _____ Fax # _____ Contact _____

Name: _____ Account # _____

Ph # _____ Fax # _____ Contact _____

Bank Reference:

Bank Name: _____ Contact _____

Ph # _____ Fax # _____

Account # _____ Type of Account _____

Account # _____ Type of Account _____

By signing below, customer affirms that the information on this application is accurate, and authorizes Lifeloc to obtain either verbal or written information from the above listed references regarding their credit experience with the customer. Customer agrees to pay invoices within terms. If customer's account is not paid in full within thirty (30) days following the date of the invoice, Lifeloc may charge customer 1 1/2% per month (18% per annum) on any balance that is past due. In the event Lifeloc retains an attorney to collect any balance that is past due, customer agrees to pay reasonable attorney's fees and collection costs.

CREDIT APPLICATION IS INCOMPLETE UNLESS SIGNED BELOW:

Signature _____ Date _____

Print Name _____ Title _____

IF TAX EXEMPT, *Please include the appropriate official Tax Certificate for your state.*

Return completed Credit Application by:

Fax: (303)431-1423 Or Mail: 12441 W. 49th Ave, #4 Wheat Ridge, CO 80033