MAXMED LABORATORIES, INC.
8370 JUNIPER CREEK LANE, #1
SAN DIEGO, CA 92126
TEL (858) 271-8118
FAX (858) 271-5388
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APPLICATION FOR OPEN ACCOUNT

Company Information:

Company Name_____

Billing Address_____
_____
_____

Billing Email_____

Phone #_____

Fax #_____

Shipping Address_____
_____
_____

FedEx Account #_____

Declare Value for Carriage (circle one) Yes No

(IRS) Tax ID #_____

Seller's Permit (Resale)#_____
(California Customers)

Bank Information (US Customers Only):

Bank _____

Address_____
_____
_____

Account #_____

Contact_____

Phone #_____

Trade Reference (US Customers Only):

Company_____

Account #_____

Company_____

Account #_____

Company_____

Account #_____

Contact_____

Phone #_____

Contact_____

Phone #_____

Contact_____

Phone #_____

I (we) promise to pay our account in full within 30 days terms. If this account is not paid as agreed a delinquency charge shall be computed at the rate 1.5% per month, 18% annum on unpaid balance.
I (we) know that all shipments are F.O.B. Origin, or EXW, and it is the buyer's sole responsibility to provide for insurance coverage. All products are shipped by overnight air service with full value declared unless otherwise requested by customers. Shipments under refrigeration will be charged a $20 packing fee for each insulated foam container with ice bag and the $15 handling fee for each free sample requirement. A $13 export fee per overseas shipment will be charged for any item with custom value more than $2,500. A 25 USD (45 USD for international customers) bank service charge(s) each transfer will be added in wire-transfer payments.
All products are not returnable/refundable. If a RMA is approved by MML, all shipping costs and at least 25% restock fee will be paid by the buyer. We have no control to your test specifications and it is irresponsible how our products will react with your system. We encourage you to ask for a sample for evaluation before placing a purchase order.
You are authorized to contact any of the above references regarding our credit standing. I (we) have read the above terms and conditions and agree to abide by them.

Signature_____ _____ _____ _____
Authorized Name Print Title Date