



SCHNEIDER LABORATORIES GLOBAL, INCORPORATED CREDIT APPLICATION AND AGREEMENT

Cont.

PAYMENT INFORMATION

Credit Card Type VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number _____ Auth # _____ Exp _____

Cardholder Name _____

Cardholder Signature _____

Card Information For Payment for Each Job Payment Method for Terms (must fill out pg. 1)

I authorize SLGI to charge our current invoices to my credit card. I understand that I am responsible for communicating any credit card charges directly to SLGI. Furthermore, I understand that I must provide a new card number in the event that this card becomes expired or I change credit card providers.

GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

Signed _____ Witness _____ Date _____

Signed _____ Witness _____ Date _____

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.

This section is only for customers with terms that pay by Credit Card.

By signing below, customer hereby authorizes Schneider Laboratories Global, Inc. to charge all past due invoices (over 45 days past the invoice date) to the company credit card or personal credit card listed on page one of this document or on file. SLGI will send company receipt of charges to customer. Delinquent accounts (older than 90 days) are subject to collections; all collection expenses, attorney's fees and court costs are the responsibility of the creditor.

Authorized Signature _____ Date _____

Print Name & Title _____

SLGi must be notified—via email (accountingdept@slabinc.com) or by phone—about any invoicing disputes within 60 days of the invoice date. Any disputes received after that period will not be eligible for review.

Please email to: Customerservices@Slabinc.com
QUESTIONS, call us at: 804-353-6778 or 800-785-LABS (5227)
Remit to: 2512 W. Cary Street, Richmond, VA 23220