

**Applicant Information**

|                               |            |                  |                 |                 |
|-------------------------------|------------|------------------|-----------------|-----------------|
| Name                          |            | Contact Person   |                 |                 |
| Address                       | City       | State            | Zip             |                 |
| Telephone Number              | Fax Number | Email Address    |                 |                 |
| Contact for Accounts Payable  |            | Telephone Number |                 |                 |
| Billing Address               | City       | State            | Zip             |                 |
| Type of Business: Corporation | LLC        | Partnership      | Sole Proprietor | Other (specify) |

**Bank Reference**

|                  |                   |                |     |  |
|------------------|-------------------|----------------|-----|--|
| Bank Name        |                   | Contact Person |     |  |
| Address          | City              | State          | Zip |  |
| Type of Account  | Account Number(s) |                |     |  |
| Telephone Number | Fax Number        | Email Address  |     |  |

**Credit References**

|                  |            |                |     |  |
|------------------|------------|----------------|-----|--|
| 1) Company name  |            | Contact Person |     |  |
| Address          | City       | State          | Zip |  |
| Telephone Number | Fax Number | Email Address  |     |  |
| 2) Company name  |            | Contact Person |     |  |
| Address          | City       | State          | Zip |  |
| Telephone Number | Fax Number | Email Address  |     |  |
| 3) Company name  |            | Contact Person |     |  |
| Address          | City       | State          | Zip |  |
| Telephone Number | Fax Number | Email Address  |     |  |

The applicant certifies that the information (along with any other information submitted) is true and correct, and will update information that materially changes. All information received shall be treated confidentially by ACZ Laboratories, Inc. ("ACZ"), and will be used only for the purpose of establishing the amount and conditions of extending commercial credit (not for consumer purposes). Applicant hereby authorizes all bank and trade references listed in this Account Application and Agreement to release all information, verbal or written, to ACZ and to allow ACZ to utilize any other sources of credit information which ACZ deems reliable. Subsequent credit inquiries may be completed by ACZ in connection with any update, renewal or extension of credit. ACZ reserves the right to suspend or terminate credit at any time.

Standard terms are Net 30 Days from invoice date unless otherwise stated on each invoice or by executed written contract. Applicant agrees and understands that all accounts are due and payable according to the terms stated on the invoice.

Applicant agrees to be liable for reasonable court and collection costs and attorney fees incurred by ACZ when enforcing its credit terms. Should litigation become necessary, applicant agrees that the venue shall be Routt County, State of Colorado. Applicant agrees that ACZ may assess the applicant service charges and interest at a rate of 1.5% per month (18% per annum), or the highest rate applicable under the law, on any past due balance.

If you are a Consulting Firm and you authorize ACZ to perform work for your Client, ACZ will bill you and you agree to be fully responsible for paying ACZ. ACZ will allow you to assign payment responsibility to your Client by having your Client submit a signed credit application to ACZ that ACZ approves in advance of performing the work. If your Client's credit is approved, said Client shall elect to either a) be billed directly or, b) have work billed to Consulting Firm. In either case in the foregoing sentence, said Client accepts final responsibility for payment to ACZ for the work, whether or not said Client has made payment to Consulting Firm.

|                                            |               |
|--------------------------------------------|---------------|
| Name                                       | Signature     |
| Title (must be Owner or Corporate Officer) | Date          |
| Office Use Only: Approved:                 | Credit Limit: |