

Account Application

BUSINESS INFORMATION

Full Legal Name of Business Entity		Tax ID Number
Billing Street Address		
Billing City/State/Zip		
Shipping Street Address		
Shipping City/State/Zip		
Website		
Nature of Business		Year Established
Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> State or Local Gov't		

PURCHASING & PAYMENT

Accounts Payable Contact (Name, Phone, Email)		
Purchasing Contact (Name, Phone, Email)		
Estimated Monthly Purchase Amount		
Terms <input type="checkbox"/> No terms required – credit card purchases <input type="checkbox"/> Net 30 terms desired		
Purchase Order Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
Intended Product Use <input type="checkbox"/> Lab Research <input type="checkbox"/> Resale <input type="checkbox"/> Further Manufacture <input type="checkbox"/> Other _____		
Tax Status <input type="checkbox"/> Tax Exempt (provide Tax Exemption Certificate) <input type="checkbox"/> Non-Exempt		

TRADE REFERENCES

Note: Three trade references are required to process the application. However, we suggest providing a fourth reference in the case that one of your references is unresponsive.

Company Name	Contact	Contact Email	Contact Phone
Company Name	Contact	Contact Email	Contact Phone
Company Name	Contact	Contact Email	Contact Phone
Company Name	Contact	Contact Email	Contact Phone

Terms and Conditions

By agreeing to the terms and conditions below, I hereby represent that I am authorized to submit this application and bind the business identified in this application, to be subsequently referred to as Applicant, and the information provided is for obtaining credit and is true and accurate.

The business identified in this application acknowledges that this request is for the extension of credit for commercial purposes only and is not intended for the extension of credit for person, family or household purposes. To protect individual identities, unless an individual is intending to act as a guarantor for purposes of securing credit and is required to provide guarantor information on this application, no personally identifying information (i.e. Social Security #, drivers license #, bank account information, etc.) should be provided.

Applicant hereby authorizes all banks, financial institutions, trade reference sources, credit reporting agencies and others to release credit information.

In the event of a conflict, the terms and conditions as stated on our website shall control over any terms and conditions set forth below.

All sales by Bio-Techne Corporation and its affiliates, herein collectively referred to as Bio-Techne, are subject to the terms and conditions provided on our website. Bio-Techne rejects any different or additional terms or conditions contained in any document submitted by Applicant. Bio-Techne's acceptance of any purchase order and/or sale of any goods is made conditional on Applicant's assent to these terms and conditions.

All taxes of any kind levied by any federal, state, municipal or other governmental authority which Bio-Techne is required to collect or pay with respect to the production, sale or shipment of goods sold to Applicant shall be the responsibility of the Applicant. Applicant agrees to pay all such taxes and further agrees to reimburse Bio-Techne for any such payments made by Bio-Techne. Applicant is responsible for providing the legitimate applicable tax exemption, resale certificate or other formal documentation to declare tax exempt status. Bio-Techne is legally obligated to charge tax until proper tax exemption is on file.

Payment, whether full or partial, received from or for the account of Applicant, shall be applied by Bio-Techne against any amount owing by Applicant with full reservation of all Bio-Techne rights, without accord and satisfaction of Applicant's liability, regardless of writings, legends or notations upon such checks or payments, or regardless of other writings, statements or documents.

Unless otherwise indicated, payment terms are net 30 days from date of invoice.

It is understood and agreed that Applicant will pay all amounts owing to Bio-Techne according to terms stated on Bio-Techne invoices, and will pay reasonable collection fees, attorney fees, and court costs incurred in collections of Applicant's account.

This agreement shall be governed by the laws of the state of Minnesota, USA. Applicant, acting for itself and its successors and assigns, hereby expressly and irrevocably consents to the exclusive jurisdiction of the state and federal courts of that state for any litigation which may arise out of or be related to this agreement. Applicant waives any objection based on form non conveniens or any objection to venue of any such action.

Bio-Techne reserves the right to enforce these terms and conditions at any time and none shall be deemed waived unless waiver is in writing signed by a duly authorized employee of Bio-Techne. All rights and remedies granted herein are in addition to all remedies available at law or in equity.

I agree to the terms and conditions above.

Name

Email

Authorized Signature _____

Professional Title _____

Bank Reference Authorization

BANK REFERENCE INFORMATION:

Bank Name		
Bank Address		
Account/Loan Officer	Phone	Email

CUSTOMER INFORMATION:

Customer Name	Account Number	Routing Number
Street Address		
City, State, Zip		

The above information is given for obtaining credit privileges with Bio-Techne and is true to the best of my/our knowledge. I/we hereby authorize Bio-Techne to contact the bank reference listed, as well as any credit investigational organizations, for evaluation of my/our credit worthiness and financial responsibility. It is understood and agreed that I/we will pay all amounts owing to Bio-Techne according to terms stated on Bio-Techne invoices, and will pay reasonable collection fees, attorney fees, and court costs incurred in collections of my/our account.

Authorized By (*print*): _____ Signature: _____

Professional Title: _____ Date: _____

~~~Reference Portion~~~

### CHECKING ACCOUNT INFORMATION

|                                                                            |                                                                          |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Date Account Opened                                                        | Average Balance                                                          |
| Returned Items<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Satisfactory<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### LOAN INFORMATION

|                                                                     |             |                                   |
|---------------------------------------------------------------------|-------------|-----------------------------------|
| Date Opened                                                         | High Credit | Balance                           |
| Secured<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Secured by  | Payment ( <i>poor/fair/good</i> ) |

|                                                                     |             |                                   |
|---------------------------------------------------------------------|-------------|-----------------------------------|
| Date Opened                                                         | High Credit | Balance                           |
| Secured<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Secured by  | Payment ( <i>poor/fair/good</i> ) |

Bank Signature/ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Trade Reference Authorization

**TRADE REFERENCE:**

|                             |                        |
|-----------------------------|------------------------|
| Company Applying for Credit | Reference Company Name |
| Street Address              | Phone/Email            |
| City, State, Zip            |                        |

The above information is given for obtaining credit privileges with Bio-Techne and is true to the best of my/our knowledge. I/we hereby authorize Bio-Techne to contact the bank reference listed, as well as any credit investigational organizations, for evaluation of my/our credit worthiness and financial responsibility. It is understood and agreed that I/we will pay all amounts owing to Bio-Techne according to terms stated on Bio-Techne invoices, and will pay reasonable collection fees, attorney fees, and court costs incurred in collections of my/our account.

Authorized By (*print*): \_\_\_\_\_ Signature: \_\_\_\_\_

Professional Title: \_\_\_\_\_ Date: \_\_\_\_\_