

# CREDIT APPLICATION TERMS AND CONDITIONS

## ORDERING INFORMATION

For assistance, please call or fax our Customer Service Department:

**Phone 800.628.7014 Fax 800.765.4415**

Please include the following information:

1. Customer Number
2. Complete shipping and billing address.
3. Purchase order number.
4. Catalog number and description of the product.
5. Quantity you wish to purchase.

## MINIMUM ORDER

- The minimum product order requirement is \$25.00 (US). This amount does not include any special packaging, service, and/or handling fees.

## CATALOG PRICES

Prices shown are current at the time of publication and supersede all previous prices. Prices are subject to change without notice.

## DELIVERY/SHIPPING

Orders placed are FOB shipping point, unless otherwise indicated. Orders for stock items are usually shipped within 24 hours via the most economical mode of transportation. There is a minimum charge of \$10.00 per order for shipping and handling. PML has a variety of shipping methods available to efficiently service your shipping needs. If customer requests special transportation and/or packaging, additional charges are the customer's responsibility.

**Note: PML is not responsible for damage or delays associated with customer selected carriers or services.**

## SPECIAL HANDLING

Certain items may require special handling, double packaging, or shipping such as dry ice, hazardous goods packaging, or dangerous goods containers. In these situations, extra charges must be levied to cover the cost of the special requirements. Please contact our customer service department for details.

## TRANSPORTATION REGULATORY REQUIREMENTS

The post office, the Department of Transportation (DOT), Interstate Commerce Commission (ICC), International Air Transport Authority (IATA), and similar agencies in other countries have enacted regulations that specify requirements for hazardous materials and restrict the transportation of such materials. PML Microbiologicals, Inc. must comply with such regulations, and to do so may require the use of alternative modes of transportation and/or special packaging. Orders for items that fall under such regulations should be placed with the anticipation of a longer transit requirements.

## RETURNS/CREDITS

- Prior authorization and **Contact Report Number** from the Customer Service Department of PML Microbiologicals, Inc. is required within 7 days of receipt before any item can be returned or credits can be issued. **Returns or Credits without a Contact Report Number will not be processed.**
- Products ordered in error are subject to a minimum 25% restocking charge and must be returned freight paid. Only unopened packages received within 72 hours and stored at required temperature will be considered for credit.
- Products that have proven unsatisfactory may be returned within 30 days with prior authorization.
- Special order and outdated products will not be accepted for return.

## PAYMENT TERMS

- FOB shipping point. Freight charges are prepaid and added to invoice unless otherwise specified.
- Standard payment terms are Net 30 days from the date of invoice.
- A service charge of 1 ½ % per month will be assessed on all past due invoices.

## LIMITED WARRANTY

PML Microbiologicals, Inc. guarantees that the PML products listed herein will be free of defects in material or workmanship, if stored as directed and used before the expiration date. If the product's outer bag or container integrity has been violated for any reason, the package sterility and/or performance may be compromised. Buyer should inspect product carefully upon receipt and should return for product credit or replacement if outer bag or container integrity has been violated. **The liability of PML under this warranty is limited to product credit or replacement at the discretion of PML. This warranty is exclusive and in lieu of all other warranties expressed or implied. PML shall not be responsible for incidental or consequential damages of any kind. PML does not make any warranty of merchantability with respect to the products listed herein, and there are no other warranties which extend beyond the description on the face hereof.**

## TECHNICAL SERVICE

Our Technical Services Department has qualified staff to answer any questions or concerns regarding our complete product line. If you have any technical questions, contact our Technical Services Department at (800) 547-0659, selection 3.

## SPECIAL ORDERS

We welcome requests for items which may not be listed in our catalog. Please contact our Customer Service Department with your specific needs.

## SALES TAX

For tax exempt status, you must supply us with a Sales Tax Exemption Certificate.

CUSTOMER SIGNATURE

DATE

ACCOUNT NAME

## Customer Credit Application

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership: <input type="checkbox"/> Other:	<input type="checkbox"/> Exempt from backup withholding
Address (Billing)	
City, State, and ZIP Code	

<b>Provide the following on the company's ownership or corporate officers:</b>		
_____ Name	_____ Title (Owner, CEO, President)	_____ Phone No.
_____ Name	_____ Title (Owner, Vice-President)	_____ Phone No.
_____ Name	_____ Title (Owner, CFO, Controller)	_____ Phone No.

<b>TAXABLE STATUS</b>		Years in Business _____
TAXABLE: <input type="checkbox"/> EXEMPT <input type="checkbox"/>	<b>NOTE: (If exempt please include copy of Exempt Certificate. If <u>NOT INCLUDED</u> accounts will be set up as Taxable.)</b>	

<b>SHIP TO:</b> _____ Company Name _____ Address _____ City, State, Zip Code	<b>BILL TO:</b> _____ Company Name _____ Address _____ City, State, Zip Code
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<b>Give us three business trade references :</b>			
_____ Company Name	_____ Contact	_____ Phone No.	_____ Fax No.
_____ Company Name	_____ Contact	_____ Phone No.	_____ Fax No.
_____ Company Name	_____ Contact	_____ Phone No.	_____ Fax No.

<b>Contacts:</b>			
_____ Name	_____ A/P	_____ Title	_____ Phone No.
		_____ E-mail:	_____
_____ Name	_____ Technical Services	_____ Title	_____ Phone No.
		_____ E-mail:	_____
_____ Name	_____ Purchasing	_____ Title	_____ Phone No.
		_____ E-mail:	_____

<b>Banking Information:</b>		
_____ Bank Name	_____ Address	_____ City, State, Zip
_____ Bank Contact Name	_____ Phone No.	_____ Fax No.
_____ Checking Account No.	_____ Average balance	

I certify that the above information is true. This information is to be used only for opening an account and all information is to remain confidential.

Signature _____	Title _____	Date _____
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