

**TELEDYNE ISCO  
 CUSTOMER APPLICATION FOR CREDIT**

Return To: Teledyne Isco - Customer Financial Services  
 4700 Superior Street, Lincoln, NE 68504 USA

TELEPHONE: (402) 465-3712  
 FAX: (402) 464-4543

**PLEASE COMPLETE ALL PARTS**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Division/  
 Subsidiary of: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Complete Information for Applicant**  
 Telephone: ( ) - \_\_\_\_\_  
 Fax: ( ) - \_\_\_\_\_  
 Dun's Number: \_\_\_\_\_  
 Federal ID#: \_\_\_\_\_

**Organization**     Corporation: \_\_\_\_\_     Partnership     Proprietorship  
                           Date of incorporation: \_\_\_\_\_  
                           Other, indicate type: \_\_\_\_\_  
 Date business operations began: \_\_\_\_\_

Anticipated High Credit Required:                      US \$ \_\_\_\_\_  
 Has Applicant or its predecessor ever filed bankruptcy?     No     Yes    **{If yes, please provide details on separate sheet}**

**Principals or Owners**

Name	Title	Complete Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Trade References**  
 List only firms in the **United States** with whom you currently have an "Open Account". Addresses must be complete.

	Reference #1	Reference #2	Reference #3
Name:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Postal Code:	_____	_____	_____
Account No.:	_____	_____	_____
High Credit:	_____	_____	_____
Telephone: ( ) -	_____	_____	_____
Fax: ( ) -	_____	_____	_____

**Bank Reference**

Bank Name: _____	Used this Bank since: _____
Address: _____	Line of Credit: _____
City: _____	Checking Acc't No.: _____
State: _____	Loans: Amount Owing: _____
Postal Code: _____ Telephone: ( ) - _____	Secured with: _____
Contact: _____ Fax: ( ) - _____	

***Please sign the attached Terms and Conditions Page.***

## Customer Credit Application

### Terms and Conditions

1. Applicant understands that Teledyne Isco is not obligated to grant open account payment terms and applicant's unilateral modification of these conditions may prevent Teledyne Isco from granting applicant open account payment terms. Teledyne Isco is hereby given permission to provide a photocopy of this credit application as authorization to those banks and trade references who require such authorization prior to releasing credit information.
2. In consideration for any open account terms granted to applicant by Teledyne Isco, applicant agrees that the terms stated on Teledyne Isco's invoices supersede any terms and/or conditions stated on applicant's purchase orders. Applicant agrees to pay a late payment charge on any balance remaining unpaid upon the expiration of the terms under which the invoice was rendered. Applicant also agrees to pay expenses incidental to the collection of any past amounts including reasonable attorney's fees and court costs.
3. The conditions of this credit application shall be governed by, construed by, and enforced in accordance with the laws of the State of Nebraska.
4. Applicant is submitting this credit application in Nebraska and hereby submits to the jurisdiction of the courts of the State of Nebraska with respect to any action instituted by Teledyne Isco to collect the balance due on any unpaid invoice.
5. If any provision of this credit application shall be declared invalid or unenforceable, the remainder of this credit application shall continue in full force and effect.
6. In the event applicant is delinquent in the payment of any invoice, Teledyne Isco in its sole discretion shall have the right to withhold any further delivery of goods and/or services to applicant. This right to withhold delivery also extends to any purchase order executed by applicant for Teledyne Isco goods and/or services whether or not said goods and/or services are related to the unpaid invoice(s).
7. An authorized officer, general partner or owner of the applicant must sign this credit application. If the person signing this credit application does not hold one of the preceding positions, then the person whose signature appears below certifies that he or she has the authority to enter into this binding contract on behalf of the applicant.

Please provide Accounts Payable contact name, phone number, fax number and e-mail address:

\_\_\_\_\_  
Print Accounts Payable contact name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail address (Optional)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Authorized Company Signature

\_\_\_\_\_  
Date