



BUSINESS ACCOUNT APPLICATION

GENERAL INFORMATION				
Name of Company (DBA)		Main Phone		
Street Address				
City		State	Zip	
TESTING/REPORT CONTACTS				
Primary Contact				
Name		Title		
E-mail		Phone		
Secondary Contact				
Name		Title		
E-mail		Phone		
Other Testing Contacts (Email)				
ACCOUNTS PAYABLE CONTACTS				
Accounts Payable Address <input type="checkbox"/> Same as above				
Street Address				
City		State	Zip	
Primary Contact				
Name		Title		
E-mail		Phone		
Secondary Contact				
Name		Title		
E-mail		Phone		
Other AP Contacts (Email)				
BANKING INFORMATION				
Banking Institution		Phone		
Bank Address				
City		State	Zip	
AGREEMENT				
1. All invoices are to be paid within 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, I (we) authorize MarketFresh Labs to make inquiries into the banking information that I (we) have supplied, if necessary. 4. I (We) understand terms for payment are net 30 days and that all amounts not paid within terms are past due and are subject to late fees, accelerated collections and other procedures as necessary to collect payment. Client agrees to pay the costs and expenses of collection of amounts past due, including finance charges, legal expenses, and attorney fees. Authorized signer agrees to accompanying terms and conditions for sale.				
SIGNATURES				
X		X		
Name	Date	Name	Date	

Email: info@marketfreshlabs.com
Mail: MarketFresh Labs, LLC
 1621 Hennepin Ave, Suite B10
 Minneapolis, MN 55414

Internal Use:		
Received	MFDB	Customer #