

Z M C

ZIEMEK MILLING CENTER

APPLICATION FOR OPEN ACCOUNT STATUS

Laboratory Name _____

Name of Owner _____

Laboratory Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website _____ Email _____

Ziemek Milling Center requires a credit card number to be given prior to opening an account. This credit card number is the number that will be billed for any debts incurred at Ziemek Milling Center. We accept Visa or MasterCard. By giving this credit card number the cardholder agrees to be personally liable for all debt incurred at Ziemek Milling Center, even if the laboratory is presently incorporated or should incorporate in the future. The cardholder agrees to allow Ziemek Milling Center to conduct a credit check.

The billing cycle ends on the last business day of each month. The entire account balance will be charged to the credit card on the first business day of the following month.

Credit Card Number _____ Expiration Date _____

Name of cardholder as it appears on card _____

Cardholder's Social Security Number _____

Billing Address _____

City _____ State _____ Zip _____

I hereby certify the information provided in this application is true, correct and complete as of the date indicated below. I agree to promptly notify Ziemek Milling Center of any changes in the information provided.

Applicant's signature _____ Date _____