

Your invitation to receiving a line of credit.

We're happy to extend your business a line of credit with Botanacor Laboratories! In order to be approved, please complete the following information and send the completed form to: accounting@botanacor.com. Thank you.

Have a question? Contact us.
ACCOUNTING

888.800.8223 ext. 1
accounting@botanacor.com

CUSTOMER SUPPORT

888.800.8223 ext. 3
support@botanacor.com

SHIPPING ADDRESS

1301 S. Jason St. Unit J
 Denver, CO 80223, USA

SUBMISSION INSTRUCTIONS

www.botanacor.com/sample-submission

Payment Terms and Conditions

All fees for Services are set forth on Botanacor's offer to Client and are firm, fixed, and cannot be varied without the prior written agreement of Botanacor. Prices do not include any sales, use, excise, privilege, or other taxes or assessments imposed on the Services, and the same will be added to the price of Services at invoice. All fees are billed directly to Client, and no third-party billing will be accepted without the prior written consent of Botanacor.

Other than for Clients with a pre-approved credit from Botanacor, payment for all Services is due at the time of Order and must be received prior to the release of testing results. For Clients with pre-approved credit from Botanacor, terms are net 15 days from the date of invoice unless otherwise stated on that invoice.

Client agrees to pay a fee of 1.5% per month (18% annual rate) against all outstanding balances from the date such balance is due until paid. A 3.99% processing service charge will be applied to all fees paid by credit card. There is an additional \$25.00 charge for any returned checks. Client agrees that it will pay Botanacor for all costs of collection (including attorney fees and court costs) Botanacor incurs to collect amounts owed hereunder.

Credit Application

Company name:			Tax ID Number:				
Physical address:			Line of Credit Limit:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$5000	<input type="checkbox"/> _____
Bank References							
Name of Bank:			Officer of Bank:				
Telephone:			Account number:				
Business/Trade References							
Company name:			Company name:				
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
Type of account:			Type of account:				
Company name:			Company name:				
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
Type of account:			Type of account:				

Acceptance of Botanacor Terms & Conditions

By signing this document, I understand and accept the Botanacor Laboratories Standard Terms & Conditions, which includes the Payment Terms and Conditions listed above.

Company Representative	Signature	Date