



Arcxis Biotechnologies
6920 Koll Center Parkway, Suite 215
Pleasanton, California 94566
925.461.1300

CREDIT APPLICATION FORM

MAILING ADDRESS

Company Name	
Contact	
Street Address 1	
Street Address 2	
City	
State	
Zip	
Telephone	
email	
FAX	

BILLING ADDRESS

Company Name	
Contact	
Street Address 1	
Street Address 2	
City	
State	
Zip	
Telephone	
email	
FAX	

AMOUNT OF CREDIT REQUESTED (USD)

TERMS AND CONDITIONS
[Click to Read](#)

COMPANY INFORMATION

Federal TAX ID No.	
Type of Business	
Corporation State	
D&B Number	
In Business Since	
At Location Since	
Facility: Own/Lease	
Parent Company(if subsidiary/division)	
Parent Co. Address	
City	
State	
zip	
Telephone	
Website	
Prinicpal Contact	
Contact email	

BANK REFERENCES

BANK 1		BANK 2	
Institution Name		Institution Name	
Branch Name		Branch Name	
Address		Address	
City		City	
State		State	
Zip		Zip	
Telephone		Telephone	
Contact		Contact	
Contact email		Contact email	
Type of Account		Type of Account	
Account Number		Account Number	

COMPANY BUSINESS REFERENCE FORM MAY BE SUBMITTED IN LIEU OF COMPLETING BANK & TRADE REFERENCE INFORMATION

TRADE REFERENCES

REFERENCE 1		REFERENCE 2		REFERENCE 3	
Company Name		Company Name		Company Name	
Address		Address		Address	
City		City		City	
State		State		State	
Zip		Zip		Zip	
Telephone		Telephone		Telephone	
Contact		Contact		Contact	
Contact email		Contact email		Contact email	
Account Open Since		Account Open Since		Account Open Since	

ACCEPTANCE & APPROVAL

I, the undersigned, certify that the information provided is complete and accurate to the best of my knowledge. My signature also serves as acknowledgement and acceptance of the Terms & Conditions outlined. Moreover, I authorize the financial institutions listed on this credit application to release the relevant financial information necessary for Arcxis Biotechnologies to determine eligibility for credit.

Authorized Represent	Title	Telephone	Extension	Email	Date
Authorized Signature					