

Customer ID:

TELEDYNE INSTRUMENTS, INC. CUSTOMER APPLICATION FOR CREDIT

Return To: Teledyne Instruments, Inc. Customer Financial Services TELEPHONE: 402-465-3712

FAX: 402-465-4543

PLEASE COMPLETE ALL PARTS													
Name:									Com	plete l	nform	ation for Applicant	
Street Address:									Telepi	hone:	() -	
City:						Postal Code:				Fax:	() -	
Division/ Subsidiary of:			-						Dun's Nur	mber:			
Street Address:													
City:	State/			Country Postal Code:				Federal ID#:					
Organization	\$	Other, indic	orporation: ate type:					ership				oprietorship	
Date busine	ss ope	erations bega	ın:										
Anticipated High Cre	quired:												
Has Applicant or its	preded	essor ever fi	iled bankrup	tcy?	☐ No)	☐ Yes	{If y	es, please p	rovide	detail	s on separate sheet}	
	Naı	ne			Tit	tle			С	Complet	te Add	lress	
Trade References List only firms in the United States Reference #1 Reference #2 Reference #3													
N	lame:												
Street Add	dress:												
City, State, Postal 0	Code:												
Accour	nt No.												
Telepl	hone:	()	-		()	-			()	-	
	Fax::	()	-)	-			()		
Bank Reference	<u>e</u>												
Bank Name:									Used this E	Bank sii	nce:		
									Line of Credit:				
	State:								Checking Acc't No.:				
Postal Code:										Secured with:			

Teledyne Isco, Teledyne Leeman Labs and Teledyne Tekmar are registered business names of Teledyne Instruments, Inc., a subsidiary of Teledyne Technologies Incorporated.







Customer Credit Application Terms and Conditions

- 1. Applicant understands that Teledyne Instruments, Inc. is not obligated to grant open account payment terms and applicant's unilateral modification of these conditions may prevent Teledyne Instruments, Inc. from granting applicant open account payment terms. Teledyne Instruments, Inc. 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 Instruments, Inc., applicant agrees that the terms stated on Teledyne Instruments, Inc. 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.
- The conditions of this credit application shall be governed by, construed by, and enforced in accordance with the laws of the Teledyne business unit from which goods and/or services are being provided.
- 4. Applicant submits to the jurisdiction of the courts of the State of the Teledyne business unit from which goods and/or services are being provided with respect to any action instituted by the Teledyne Instruments, Inc., Inc. 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 Instruments, Inc. 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 Instruments, Inc. 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

Email Address

Fax Number

Date

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Authorized Company Signature

CFID-03-006 3/6/2014