



Thank you for choosing Discovery Technology International as your business partner. To assist you in supporting your growth, we offer you an application for extending credit. Upon receipt of this application, we will begin processing and respond to your request approximately in two calendar weeks. DTI products can be purchased by credit card, wire transfer or pre-pay check for international customers during this process time.

A confirmation is provided on all orders received. Upon a buyer placing an order and DTI acceptance of that order, the Terms and Conditions of Sale set forth in this document are agreed upon by the buyer and are considered in effect. DTI does not accept any other conditions governing the sale of products unless otherwise accepted by DTI in writing before the order is placed.

It is understood that by signing this agreement and acceptance of credit extension by DTI, your company agrees to pay all balances within the specified terms. If you are unable to pay within this timeframe, we ask that you contact us at info@discovtech.com to advise us of the circumstances so that we can best address your needs. Accounts that are continuously delinquent in payment will ultimately be terminated from net 30 payment terms.

Please have your accounts payable department complete the following form. If your billing address is different than headquarters or a specific branch office, please provide both along with all locations that will be conducting business with DTI.

If you have any questions regarding this agreement, please contact DTI customer service department.

BUSINESS CONTACT INFORMATION				
Company Name:				
Buyer Contact:		AP Contact:		
Buyer Phone:		AP Phone:		
Buyer Fax:		AP Fax:		
Buyer Email:		AP Email:		
Registered company address:				
City:		State:		Zip Code:
Date business commenced:				
Sole proprietorship:	Partnership	Corporation	Other	

BUSINESS AND CREDIT INFORMATION				
Primary business address:				
City:		State:		Zip Code:
How long at current address?				
Telephone:		Fax:		Email:
Bank name:				
Bank address:		Phone:		
City:		State:		Zip Code:
Type of account:	Account number:			
Savings				
Checking				
Other				

BUSINESS/TRADE REFERENCES

Company name:				
Address:				
City:	State:		Zip Code:	
Telephone:	Fax:		Email:	
Type of account:				

Company name:				
Address:				
City:	State:		Zip Code:	
Telephone:	Fax:		Email:	
Type of account:				

Company name:				
Address:				
City:	State:		Zip Code:	
Telephone:	Fax:		Email:	
Type of account:				

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven (7) working days.
3. By submitting this application, you authorize DTI to make inquiries into the banking and business/trade references that you have supplied.

Upon acceptance, it is agreed and understood that: 1) Account terms are NET 30 days from the invoice date, and that accounts that are continuously delinquent will ultimately be terminated; 2) A \$25.00 fee will be charged for all checks returned for non-sufficient funds; 3) A facsimile or emailed signature of this agreement has the same effect as an original signature. It is represented that the undersigned is an AUTHORIZED AGENT of the applicant and is fully EMPOWERED to enter into and make binding agreements on the company's behalf; 4) All information submitted to DTI is current and accurate to the best of your knowledge; 5) This agreement is still binding regardless of future changes in the company name, address, personnel or management of the applicant; 6) The signer hereby releases all credit information to DTI in confidence and understands that it will be used to evaluate the company's credit accountability with confidentiality; and 7) You are unaware of any financial hardship in your company.

SIGNATURES

Title:		Title:	
Date:		Date:	