

Texas Molecular Sample Acceptance/Review

- Profile pre-review – 30 minute review to determine if sample is acceptable
- Okay is given for pre-acceptance sample
- Deliver or ship (1 full quart) sample jar, properly labeled to:

Attn: Sample/Customer Service Dept.

TM Deer Park Services LP

2525 Independence Parkway South

Deer Park, Texas 77536

- Sample results reviewed by Environmental Group and Account Manager
- Customer is notified of analytical results
- Credit application – See below



DNB # Req'd _____



TM Deer Park Services, LP

TM DEER PARK SERVICES, LP
P.O. Box 1914
2525 Independence Parkway South
Deer Park, TX 77536-1914
Phone: (281) 930-2525
Fax: (281) 930-0355

CREDIT APPLICATION

Business Name: _____

Business Address: _____

Telephone: _____ Fax: _____

Type of Business: _____ How Long in Business: _____

SS# OR ID#: _____

Type of Ownership: _____ Corp _____ Partnership _____ Individual _____ Limited Partnership

BANKS:

Name	Address	Account #	Phone	Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Principals in Company:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Credit References:

	Name	Address	Phone	Fax Number	Contact
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Amount of Credit Requested: _____

For an open account, payment is due upon receipt of invoice. I acknowledge and agree that interest of 1½% per month will be charged on all balances remaining unpaid after thirty (30) days from the date said amounts are incurred.

In the event of default and referral to an attorney or collection agency, I agree to pay all cost of collection including reasonable attorney fees.

I understand that the above information is given for the purpose of obtaining credit and certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

Customer Signature: _____

Date: _____

For Internal Use Only:

Customer Number: _____

Authorized Credit Amount: _____

Authorized Signature: _____

Date: _____

CFO/Controller