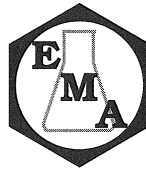


EnviroMatrix



Analytical, Inc.

4340 Viewridge Avenue, Suite A • San Diego, California 92123 • (858) 560-7717 • Fax (858) 560-7763

CUSTOMER INFORMATION AND CREDIT APPLICATION

Company Name	Telephone ()	Type of Business
Billing Address	Fax No. ()	Soc. Sec. No. or Fed. I.D. No.
City, State & Zip	Date Started	Ownership ___ Corp. ___ Partnership ___ Individual
Name of Principal Owner	Telephone ()	
Company President	Address	City & State
Parent Company	Address	City & State
Person to Contact For Payment	Title	Telephone ()
Person to Contact For Purchase Orders	Title	Telephone ()
Are Purchase Orders Required For Payment ___ YES ___ NO	Blanket P.O. No. Or Contract No.	Dunn & Brad No.

BUSINESS REFERENCES (Do not include Utilities or Office Suppliers, Minimum of 3)

Complete name and address	Telephone ()	
	Years Associated	Account No.
Complete name and address	Telephone ()	
	Years associated	Account No.
Complete name and address	Telephone ()	
	Years associated	Account No.

BANK INFORMATION

Name	Address, Cty, State & Zip		
Telephone ()	Checking Account No.	Savings Account No.	Account Officer
Any Current Loans Outstanding ___ YES ___ NO			

We certify that all the information on this form is correct. Total invoice amount is due on or before the 30th day from invoiced date. Accounts past due are subject to a Delinquency Charge of 1½% per month, not to exceed the highest contract rate permitted by law. The late charge is not intended as an alternative to payment when due. The undersigned agrees that the terms are understood and will be abided by and we authorize the above named bank, trade and/or other credit references to release such information as is necessary to establish credit with your company. The terms are subject to modification upon notice.

Signed by _____ Title _____ Date _____

Desired Credit Limit _____

PLEASE DO NOT WRITE BELOW THIS LINE

Approved Credit Limit _____ Accounting Mgr. _____ Date _____