

**MedPlus, Inc., A Quest Diagnostics Company**  
**APPLICATION FOR CREDIT**

This agreement for the extension of credit between MedPlus, Inc. and the customer named below ("Customer").

In consideration of MedPlus, Inc. extending credit to the Customer, and for other goods and valuable consideration, the receipt of which is hereby acknowledged, Customer, agrees to pay all costs of collection, including, but not limited to, reasonable attorney's fees and court costs, incurred by MedPlus, Inc. in collecting any delinquent account. Customer agrees and represents that all services it anticipates requesting from MedPlus, Inc. are for business and not personal uses.

If at any time MedPlus, Inc. deems the Customer to be insolvent, MedPlus, Inc. reserves the right to require payment in advance, or such other security or guarantee of prompt payment of invoices as may be appropriate. Customer shall provide adequate assurances of ability to pay within thirty (30) days of any such request. If Customer fails to comply with the terms of payment, or with any other terms of its agreement with MedPlus, Inc., MedPlus, Inc. has the right to withhold further services or cancel any services requested but not yet rendered, and all unpaid accounts shall be due and payable without prejudice to any other rights and claims for damages MedPlus, Inc. may have.

Customer states that it believes that it is financially able to meet any commitments it may make and that it expects to pay MedPlus, Inc.' invoices according to the following terms: Upon Receipt

Customer provides the following information and represents that it is true and accurate to the best of its knowledge:

\_\_\_\_\_  
Legal Name d.b.a.

\_\_\_\_\_  
Address Street City State Zip

\_\_\_\_\_  
Telephone  Sole Owner  Corporation  Partnership

If customer is a corporation, including a professional corporation, give the names and addresses of its officers, if a sole owner, give name and social security number of owner and spouse, if partnership, give names and addresses of all partners:

\_\_\_\_\_  
Name Address Title SSN

\_\_\_\_\_  
Name Address Title SSN

**Credit References:**

Company Name      Address      City      State      Zip      Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bank Information:**

\_\_\_\_\_  
Name Address Phone Checking Account Number

Dated: \_\_\_\_\_

**CUSTOMER**

By: \_\_\_\_\_

**MedPlus, Inc. Incorporated**

By: \_\_\_\_\_

Title: \_\_\_\_\_

SIGNATURE OF OWNER, OFFICER OR PARTNER

**FOR INTERNAL USE ONLY**

BILLING ACCOUNT NUMBER \_\_\_\_\_