



Business Credit Application

Business Contact Information

Company Name			Tax ID		
Address			DUNS		
City	State	Zip	Phone		
Email			Fax		

Company Information

Business Form <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		State Incorporated:	
Type of Business		In Business Since:	

Names of Owners, Partners or Corporate Officers

Title	Name	City/State	Social Sec. #	Date of Birth	Phone	Insolvency*

*List the year of any bankruptcy or insolvency by principal/officer or any affiliated corporation, LLC, partnership or business

Billing Information

Billing Address (if different from above)	
Billing Address	
Billing Contact	Are Purchase Orders Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Are Job Names Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fax	Other Billing Instructions
Email	

Bank Information

Type	Name	City/State	Phone	Fax	Account #
Bank					

Trade References (please use additional sheet if necessary)

Type	Name	City/State	Phone	Fax	Account #
Vendor					
Vendor					
Vendor					
Vendor					

Agreement

1. All invoices are due 30 days from the date of the invoice.
2. Invoices not paid when due will be subject to a late payment fee of 1.5%. Client shall be responsible for all costs and expenses of collection including reasonable attorney's fees.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Scientific Analytical Institute, Inc. to make inquiries into the banking and business/trade references that you have provided.

Authorized Signature _____	Title _____	Date _____
Authorized Signature _____	Title _____	Date _____