



Business Credit Application

Business Contact Information

Form with fields: Company Name, Tax ID, Address, City, State, Zip, Phone, Email, Fax

Company Information

Form with fields: Business Form (Corporation, Partnership, 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

Form with fields: Billing Address (if different from above), Billing Address, Billing Contact, Are Purchase Orders Issued?, Are Job Names Required?, Other Billing Instructions, Phone, Fax, Email

Bank Information

Table with 6 columns: Type, Name, City/State, Phone, Fax, Account #

Trade References

Table with 6 columns: Type, Name, City/State, Phone, Fax, 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 working days.
3. By submitting this application, you authorize Scientific Analytical Institute, Inc. to make inquiries into the banking and business/trade references that you have provided.

Form with fields: Authorized Signature, Title, Date (repeated twice)