

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_ A/C \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ EXT \_\_\_\_\_

# Analytical Scientific, Ltd.

## CREDIT APPLICATION

Please PRINT or TYPE

FAX# \_\_\_\_\_

Exact Legal Business Name

Street Address	City	State	Zip Code
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Billing Address if different from above

Name of individual to contact regarding Accounts Payable	Phone
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Length of time business has been established.	Years/	Months/
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Type of Organization – Check One  
 Profit Corp.       Partnership       Non-Profit Corp.       Proprietorship

Type of Business – Check One

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Hospital	<input type="checkbox"/> Industrial Lab
<input type="checkbox"/> Medical Lab	<input type="checkbox"/> Exporter	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Contractor
<input type="checkbox"/> Consultant	<input type="checkbox"/> Physician Lab	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Other _____			

If Branch or Division – Give Name and Address of Parent Organization

### Principals

1. Name	Title	Social Security#
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Home Address	City	State	Zip
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1. Name	Title	Social Security#
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Home Address	City	State	Zip
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### BANK REFERENCE

ACCT#	PH#
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CITY	STATE	ZIP	Contact Officer
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CONTINUED ON REVERSE

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_ A/C \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ EXT \_\_\_\_\_

**TRADE REFERENCES** - Include ACCOUNT NUMBER for faster processing.

NAME	ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	ACCOUNT#			
NAME	ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	ACCOUNT#			
NAME	ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	ACCOUNT#			

\*TAX STATUS (NOTE: Exempt firms MUST provide a COPY of their EXEMPTION CERTIFICATE)

- Organization IS Taxable  
 Organization is TAX-EXEMPT for one of the following reasons:  Direct Pay Permit Enclosed  
 Blanket Exemption Certificate  State Tax Resale Card Enclosed # \_\_\_\_\_.

Will goods purchased from ASLTD be resold without further manufacturer?  Yes  No  
Are Purchase Order Numbers Required for you to pay Invoices?  Yes  No  
Approximately how much credit will be required each month? \$ \_\_\_\_\_

Is company listed in Dunn & Bradstreet? <input type="checkbox"/> Yes <input type="checkbox"/> No D&B No. _____ If YES, under what NAME _____
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TERMS, AGREEMENTS, etc.

I HEREBY CERTIFY THAT THE FOREGOING FIGURES AND STATEMENTS CONTAINED HEREIN AND ATTACHED ARE TRUE AND CORRECT AND ARE FURNISHED TO ASLTD FOR THE PURPOSE OF INDUCING SAID CORPORATION TO EXTEND CREDIT TO THE UNDERSIGNED. APPLICANT UNDERSTANDS AND AGREES THAT ACCOUNTS NOT PAID WITHIN ASLTD'S PAYMENT TERMS STATED ON INVOICES ARE SUBJECT TO SERVICE CHARGES AS STATED ON INVOICES. APPLICANT AGREES (a) TO PAY ALL CHARGES FOR ACCOUNT OR OTHERS USING THIS ACCOUNT REGARDLESS OF ACCOUNT CREDIT LIMITS; (b) TO PAY ALL CHARGES WITHIN PAYMENT TERMS AFTER BILLING DATE WITHOUT FINANCE CHARGE OR BE SUBJECT TO SERVICE CHARGE NOT IN EXCESS OF THAT PERMITTED BY LAW; (c) BALANCE OWED, WILL BECOME DUE IN FULL UPON ANY DEFAULT IN PAYMENT OR VIOLATION OF TERMS OF ACCOUNT USE; (d) TO PAY COLLECTION COSTS, INCLUDING REASONABLE ATTORNEY'S FEES. I HEREBY AUTHORIZE YOU TO CONTACT OUR TRADE AND BANK REFERENCES FOR NORMAL CREDIT INFORMATION. I AGREE TO PAY 1.5% INTEREST OR THE CURRENT LEGAL RATE ON ALL PAST DUE AMOUNTS. ANNUALIZED REATE 18%.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I PERSONALLY GUARANTEE THAT ALL PURCHASES MADE IN THE NAME OF THE ABOVE ENTITY WILL BE PAID IN FULL ACCORDING TO THE TERMS SET FORTH ABOVE.		
<b>SIGNATURE</b>	<b>DATE</b>	<b>ADDRESS/CITY/STATE/ZIP CODE</b>