

Customer Credit Application

	REQUESTOR'S INFORMA	TION		
NAME:	EMAIL:			
TITLE:	PHONE #:		DATE:	
	COMPANY INFORMATI	ON		
COMPANY'S NAME:				
STREET ADDRESS:				
CITY, STATE, ZIP CODE:				
DIRECTORS/OFFICERS:				
NAME 1:	EMAIL:	TITLE:	PHONE #:	
NAME 2:	EMAIL:	TITLE:	PHONE #:	
NAME 3:	EMAIL:	TITLE:	PHONE #:	
*FEDERAL TAX ID or SS# :		WEBSITE:		
FORM OF BUSINESS:	SOLE PROPRIETORSHIP PARTNERSHIF	P ☐ LLC	CORPORATION	
NUMBER OF EMPLOYEES:	<u> </u>			
LINE OF WORK:				
DATE ESTABLISHED:		SALES TAX E * if yes, must at	EXEMPT YES NO ttach an exemption certificate	
DOES YOUR COMPANY ATTEND TH	E ANNUAL AIHce CONFERENCE?		YES NO	
	PURCHASING INFORMA	TION		
PURCHASING CONTACT:		PHONE #:		
EMAIL:	ADDRESS:			
PRODUCTS/SERVICES INTEND TO	BUY (check all that apply):			
☐ AIR SAMPLERS WITHOUT LAB SERVICES ☐ AIR SAMPLERS WITH PREPAID LAB SERVICES ☐ LAB SERVICES				
MNR SERVICE (RESPIRATOR CONTRIE	OGE TESTING) MNR INSTRUMENTS			
HOW FREQUENTLY DO YOU EXPEC	CT TO DO BUSINESS WITH US:			
HOW MUCH CREDIT ARE YOU REQ	UESTING (\$):	ARE YOU	INTERESTED IN OUR APP:	
	ACCOUNTING INFORMA	TION		
ACCOUNTING CONTACT:		EMAIL:		
PHONE #:	ADDRESS:			
DO YOU REQUIRE ALL INVOICES TO	HAVE PO NUMBERS:	YES	NO	
INVOICE DELIVERY METHOD (check	only one): PAPER COPY BY MAI	L IS REQUIRED**	* ACCEPT EMAIL DELIVERY ***	

** address for	paper delivery of invoice:	<u> </u>		
*** email addr	ress for electronic delivery	of invoices:		
CONTACT F	OR STATEMENTS:		PHONE #:	
EMAIL:		ADDRESS	: <u> </u>	
TRADE REFE	ERENCES:			
VENDOR 1:		CONTACT NAME	:	PHONE:
	FAX:		EMAIL:	
VENDOR 2:		CONTACT NAME	:	PHONE:
	FAX:		EMAIL:	
VENDOR 3:		CONTACT NAME	:	PHONE:
	FAX:		EMAIL:	
		ASSAY TECHNOLOGY'S TERM	MS ARE NET 30	
PLEASE SIGI	N TO ACKNOWLEDGE A	ND AGREE TO THE TERMS:		
NAME:			TITLE:	
SIGNATURE:	:		DATE:	

PLEASE RETURN THE COMPLETED FORM TO CUSTSERVICE@ASSAYTECH.COM

THANK YOU!