

Customer Credit Application

	REQUESTOR'S INFORMA	TION	
NAME:	EMAIL: _		
TITLE:	PHONE #:		DATE:
	COMPANY INFORMATION	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 PARTNERSHIP	E LTC	CORPORATION
NUMBER OF EMPLOYEES:			
LINE OF WORK:			
DATE ESTABLISHED:		SALES TAX E>	KEMPT YES* NO es, you must attach an exemption certificate
DOES YOUR COMPANY ATTEND TH	IE ANNUAL AIHce CONFERENCE?	_	YES NO
	PURCHASING INFORMAT	TION	
PURCHASING CONTACT:		PHO	ONE #:
EMAIL:	ADDRESS:_		
PRODUCTS/SERVICES INTEND TO	BUY (check all that apply):		
☐ AIR SAMPLERS WITHOUT LAB SERVICES	☐ AIR SAMPLERS WITH PREPAID LAB SERI	VCES	LAB SERVICES
MNR SERVICE (RESPIRATOR CONTRIG	OGE TESTING) MNR INSTRUMENTS		
HOW FREQUENTLY DO YOU EXPE	T TO DO BUSINESS WITH US:		
HOW MUCH CREDIT ARE YOU REQ	UESTING (\$):		
	ACCOUNTING INFORMA		
ACCOUNTING CONTACT:			
PHONE #:	ADDRESS:		
DO YOU REQUIRE ALL INVOICES TO	THAVE PO NUMBERS:	YES	NO
INVOICE DELIVERY METHOD (check	c only one): PAPER COPY BY MAII	L IS REQUIRED**	ACCEPT EMAIL DELIVERY ***

** address for	r paper delivery of invoice	s:		
*** email add	ress for electronic deliver	y of invoices:		
CONTACT F	OR STATEMENTS:	<u> </u>	_PHONE #:	
EMAIL:		ADDRESS	S:	
TRADE REF	ERENCES:			
VENDOR 1:		CONTACT NAME	::	PHONE:
	FAX:		EMAIL:	
VENDOR 2:		CONTACT NAME	::	PHONE:
	FAX:		EMAIL:	
VENDOR 3:		CONTACT NAME	i:	PHONE:
	FAX:		EMAIL:	
		ASSAY TECHNOLOGY'S TERI	MS ARE NET 30	
PLEASE SIG	N TO ACKNOWLEDGE	AND AGREE TO THE TERMS:		
NAME:			TITLE:	
SIGNATURE	:		DATE:	

PLEASE RETURN THE COMPLETED FORM TO CUSTSERVICE@ASSAYTECH.COM

THANK YOU!