



PO Box 788  
Waterville, ME 04903-0788  
Ph. 800/244-8378  
Fax 207/873-7022

## NEW ACCOUNT/CREDIT APPLICATION

<b>Business Name:</b>
<b>Telephone Number:</b>
<b>Fax Number:</b>
<b>DUNS#</b>
<b>Type of Industry:</b>
<b>Corporation/ LLC/ Partnership/ Sole Proprietor:</b>

<b>Address:</b>
<b>E-Mail:</b>
<b>Establish Date:</b>
<b>Federal ID#</b>
<b>Are purchase orders required?</b>
<b>Sales Tax Exempt? If YES, attachment of certificate required</b>

<b>Shipping Address:</b>
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<b>Purchasing Contact:</b>
<b>Email:</b>
<b>Phone:</b>
<b>Fax:</b>

<b>Billing Address:</b>
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<b>Accounts Payable Contact:</b>
<b>Email:</b>
<b>Phone:</b>
<b>Fax:</b>

<b>Automatic invoicing by email?</b>
<b>Email:</b>

<b>Automatic monthly statements by email?</b>
<b>Email:</b>

<b>Preferred method of payment? (ACH, Credit Card, or Check)</b>
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<b>How did you hear about us?</b>
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<b>Names of Owners, Partners, or Officers:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>
1.		
2.		
3.		

<b>Bank Reference:</b>	<b>Address:</b>	<b>Phone:</b>	<b>Representative:</b>

<b>Credit References:</b>		<b>Email Addresses Required</b>	
<b>Name of Business:</b>	<b>Email:</b>	<b>Phone:</b>	
1.			
2.			
3.			

By signing the below, the firm agrees:

1. That all information on this form is true.
2. That Northeast Laboratory Services may verify the above information and research the company's credit history.
3. To pay each invoice within thirty (30) days unless otherwise agreed upon.
4. To pay collection costs and attorney's fees if collection efforts become necessary.

Please Note:

Northeast Laboratory Services, Inc. policy is not to release any final written reports/ orders until this information is obtained.

<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>