

THOMAS SCIENTIFIC NEW ACCOUNT / CREDIT APPLICATION

Any vendor supplier information required for payment process **MUST** be requested before the first order is placed.

*REQUIRED FIELD						TERMS NET 30	
*FIRM NAME:				*BUSINESS PHONE:			
*BILL TO:			*SHIP TO:				
*STREET			*STREET				
*CITY			*CITY				
*STATE		*ZIP		*STATE		*ZIP	

The below must be filled out completely if applying for credit

<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION OR BRANCH						
PARENT COMPANY <small>(if applicable)</small>			*YEAR BUSINESS STARTED			
STREET			Attach Copy of Sales Tax Exempt Certificate <small>(if applicable)</small>		*Attach W9 Form	
CITY		STATE				
Do you or any of your affiliates have an existing Thomas Scientific Account number? If yes, Acct. # _____				Federal ID # _____ and/or *Dun & Bradstreet # _____		

ESTIMATED PURCHASES FROM THOMAS

COMPANY OFFICIALS

Yearly Purchases		\$ _____	*Pres/Owner			
Credit Limit Requested		\$ _____	*Treas./Controller			
Current Assets	\$ _____	Current Liabilities	\$ _____	# Employees	# _____	
Total Assets	\$ _____	Total Liabilities	\$ _____			
Annual Sales	\$ _____	After Tax Profit/Loss	\$ _____			

TRADE INFORMATION

Bank			Phone		
Street		City	State	Zip	
*Supplier			*Phone		
Street		City	State	Zip	
*Supplier			*Phone		
Street		City	State	Zip	
*Supplier			*Phone		
Street		City	State	Zip	

***What is your preferred method of payment?** Electronic Funds Transfer Check

***How would you like to receive your invoice?** Email _____ or Fax

YOUR ACCOUNTS PAYABLE CONTACT INFORMATION

*Name		*Email	
*Phone		*Fax	

THOMAS SCIENTIFIC • 1654 High Hill Road • P.O. Box 99 • Swedesboro, NJ 08085-0099, USA

Phone: 800.345.2100 • Accounting Fax: 856.467.7647

Questions? Contact: Marsha May, A/R Supervisor at: MarshaM@thomassci.com

Authorized Signature: _____ Print Name: _____

Signature is **REQUIRED** for all Accounts.

Are you already working with a Thomas Scientific Sales Rep? If so, list their name here: _____

Date: _____

THOMAS SCIENTIFIC

ACCOUNT USER PROFILE

We want to better assist you, our customer. To help us stay connected with you, please complete your user profile(s) below. This information will be placed into our end-user database to keep customers up-to-date on new products, suppliers and information we feel may be of interest to you. We do not share your information with third party companies.

* REQUIRED FIELDS					
*Company			*Phone		
*Email			*Website		
*Street		*City		*State	*Zip
*Industry					

Account User Profiles:

*Name		*Phone	
*Title		*Email	

Complete Address Section if different from Company Mailing Address above

*Street		*City		*State		*Zip	
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Account User Profiles:

*Name		*Phone	
*Title		*Email	

Complete Address Section if different from Company Mailing Address above

*Street		*City		*State		*Zip	
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Account User Profiles:

*Name		*Phone	
*Title		*Email	

Complete Address Section if different from Company Mailing Address above

*Street		*City		*State		*Zip	
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Account User Profiles:

*Name		*Phone	
*Title		*Email	

Complete Address Section if different from Company Mailing Address above

*Street		*City		*State		*Zip	
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Thank you for providing Thomas Scientific with this information. We believe you are important and we invite you to experience the difference that Thomas Scientific can make.