

# Thomas Scientific, LLC

## NEW ACCOUNT / CREDIT APPLICATION

Any vendor / supplier information required for payment processing must be requested before the first order is placed.

### \*Required Field

Terms Net 30

\*Business Name: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_  
\*Bill To Address: \_\_\_\_\_ \*Ship To Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*City: \_\_\_\_\_  
\*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

The below must be filled out completely if applying for credit.

Corporation  Partnership  Proprietorship

Attach Copy of Sales Exempt Certificate (if applicable)

Division/Branch

Federal ID #: \_\_\_\_\_

Parent Company: \_\_\_\_\_ and/or

Street Address: \_\_\_\_\_

\*Dun and Bradstreet #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Estimated Purchases from Thomas Scientific

### Company Officials

Yearly Purchases: \$ \_\_\_\_\_

\*President/Owner: \_\_\_\_\_

Credit Limit Requested: \$ \_\_\_\_\_

\*Treasurer/Controller: \_\_\_\_\_

### Bank Information

### Accounts Payable Information

Bank Name: \_\_\_\_\_

\*Name: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

City: \_\_\_\_\_

\*Preferred Payment Method:  Electronic Funds Transfer  Check

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Invoice Receipt:  Email  Fax  Portal

### Trade References

\*Supplier Name: \_\_\_\_\_

\*Supplier Name: \_\_\_\_\_

\*Supplier Phone: \_\_\_\_\_

\*Supplier Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

Are you already working with a Thomas Scientific sales representative?

Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Questions? Contact AR@ThomasSci.com

Date: \_\_\_\_\_

**Return completed application to [NewAccounts@ThomasSci.com](mailto:NewAccounts@ThomasSci.com)**

*\*NOTE: If you've already created a web profile, please contact Thomas Scientific to link your account number to your web profile in order to see custom pricing and account information.*

**Thomas Scientific, LLC**

1654 High Hill Road, Swedesboro, NJ 08085-0099, USA

Phone: (800) 345-2100 • Fax: (856) 467-7647

Effective Date: 01/16/2020

Revised Date: 08/16/2020

# Thomas Scientific, LLC

## NEW ACCOUNT / COMPANY INFORMATION AND USER PROFILE(S)

We want to better assist you, our customer. To help us stay connected with you, please complete the 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.

By checking this box, I agree that I want to receive news, offers, and other promotional materials from Thomas Scientific by email, phone, and mail to the contact information I'm submitting. I consent to Thomas Scientific processing my personal data for these purposes and as described in the Privacy Policy. I understand that I can withdraw my consent at any time.

### \*Required Field

\*Business Name: \_\_\_\_\_ \*Street Address: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Website: \_\_\_\_\_ \*Industry: \_\_\_\_\_

### Market Segment

- Advance Tech     Food and Beverage     Petro-Chemical  
 Cannabis<sup>†</sup>     Government     Pharma-Biotech  
 Clinical     Industrial     Resellers  
 Education     International  
 Environmental     Other

Research:  Yes  No

Manufacturing:  Yes  No

Cleanroom:  Yes  No

Vivarium:  Yes  No

### Market Sub-Segment

- Advance Tech     Food and Beverage     Petro-Chemical  
 Cannabis<sup>†</sup>     Government     Pharma-Biotech  
 Clinical     Industrial     Resellers  
 Education     International  
 Environmental     Other

<sup>†</sup>A state license is required to submit

### Account User Profiles

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Complete Address Section if Different from Company Address Above

Complete Address Section if Different from Company Address Above

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Complete Address Section if Different from Company Address Above

Complete Address Section if Different from Company Address Above

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_