

Credit Application

Company Information

Registered Company Name		EIN	
dba, if applicable		Parent Company, if applicable	Parent Company's EIN
Street Address		City	
State/Province	Zip Code	Main Phone	Main Fax
A/R Contact		Direct Phone or ext	

Business Profile

Organized as: Corporation Sole Proprietorship Partnership LLC

State of Inc.	Date of Establishment
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Name*	Title	Phone

*Owners (if applicant is sole proprietorship or partnership), Officers (if a corporation)

Bank References

Bank Name		Branch	
Street Address		City	
State/Province	Zip Code	Checking Account No.	Saving Account No.
Account Officer	Zip Code	Direct Phone or ext.	Direct Fax
Others		Account No.	

Trade References

1. Company Name			
Address	City	State	Zip
Contact	Direct Phone	Email and/or Direct Fax (Required)	
2. Company Name			
Address	City	State	Zip
Contact	Direct Phone	Email and/or Direct Fax (Required)	
3. Company Name			
Address	City	State	Zip
Contact	Direct Phone	Email and/or Direct Fax (Required)	

Summary of our Terms and Conditions

1. Terms of Payment are Net 30 days upon receipts of invoice.
2. A Service Charge of 1.5% per month will be charged on all delinquent accounts.
3. On delinquent accounts that are 30 days past due, Eurofins Calscience, Inc. (Calscience) will require payment upon delivery of the analytical results.
4. For services rendered prior to the approval of credit, payment must be received prior to the release of the analytical results.

By signing below, Applicant certifies that all the information contained herein is true and correct. Applicant fully understands Calscience's terms and agrees to proper payment in consideration for the extension of credit.

Authorized Signature	Title
Printed Name	Date