



FOR OFFICE USE ONLY

- Account # : _____
- Territory: _____ Sales Rep: _____
- Business Verification
- BSC # : _____
- Tax Exemption Certificate
- Update Terms/Release ZF

INSTRUCTIONS

- A. PLEASE FILL OUT THIS FORM COMPLETELY.
- B. RETURN COMPLETED FORM AND OTHER DOCUMENTS TO:

CREDIT & COLLECTIONS
DEPARTMENT FAX #: (352) 237-0239
E-MAIL: USAAR@USASCIENTIFIC.COM

Section I – GENERAL INFORMATION

- 1. APPLICANT'S LEGAL NAME: _____
- 2. BILLING ADDRESS _____
SHIPPING ADDRESS (*only if different*) _____
- _____
- MAIN OFFICE PHONE # _____ MAIN OFFICE FAX # _____

Section II – FINANCIAL INFORMATION

- 3. DUNS # _____
- 4. BUSINESS TYPE (Check One): Proprietorship _____ Partnership _____ Corp _____ LLC _____ Other _____
- 5. Federal Tax I.D. # _____ State I.D. # _____ Date Business Commenced _____
- 6. Purchaser/Seller Permit #: _____ Intended use of products to be purchased: _____
- 7. TAX EXEMPT STATUS: YES _____ NO _____ EXEMPTION #: _____
◆ (If tax exempt, please attach a tax exemption certificate.)
- 8. LIST ALL OTHER NAMES UNDER WHICH YOU HAVE OPERATED OR ARE CURRENTLY OPERATING:

9. PLEASE LIST ANY AFFILIATED BUSINESSES & RELATIONSHIP:

Name of Affiliated Company	Address of Affiliated Company

10. PRIMARY BUSINESS CONTACT:

Name	Title	Telephone #	E-mail Address

11. SECONDARY BUSINESS CONTACT:

Name	Title	Telephone #	E-mail Address

12. ACCOUNTS PAYABLE CONTACT:

Name	Title	Telephone #	E-mail Address

Section III – TRADE / CREDIT REFERENCES

IT IS VERY IMPORTANT THAT YOU PROVIDE THE FAX AND/OR EMAIL ADDRESS FOR YOUR REFERENCES.

PLEASE NOTE: ANDWIN, FEDEX, FISHER SCIENTIFIC, GE HEALTHCARE, LIFE TECHNOLOGIES, MCKESSON, ROCHE, SIGMA-ALDRICH, AND VWR DO NOT PROVIDE CREDIT REFERENCES.

REFERENCE #1

Company Name: _____ Contact Person: _____
Address: _____ City: _____ State & ZIP Code: _____
Telephone #: _____ Fax #: _____ E-mail: _____
Account #: _____

REFERENCE #2

Company Name: _____ Contact Person: _____
Address: _____ City: _____ State & ZIP Code: _____
Telephone #: _____ Fax #: _____ E-mail: _____
Account #: _____

REFERENCE #3

Company Name: _____ Contact Person: _____
Address: _____ City: _____ State & ZIP Code: _____
Telephone #: _____ Fax #: _____ E-mail: _____
Account #: _____

REFERENCE #4

Company Name: _____ Contact Person: _____
Address: _____ City: _____ State & ZIP Code: _____
Telephone #: _____ Fax #: _____ E-mail: _____
Account #: _____

Section IV – AGREEMENT

1. In order for USA Scientific, Inc. to accept orders from or otherwise extend or make available credit to Applicant, the undersigned Applicant hereby agrees to comply with the following terms of sale, should USA Scientific, Inc. elect to extend such credit.
 - a. Applicant agrees to payment terms of NET 30.
 - b. All payments shall be made in full, in good funds, either by check or electronic funds transfer (either by wire or automated clearinghouse), and in accordance with the payment terms.
 - c. By submitting this application, you authorize USA Scientific, Inc. to make inquiries into the trade references provided.
 - d. Applicant agrees to all the terms and conditions of this Agreement.

Section V – AUTHORIZED SIGNATURE

Printed Name

Authorized Signature

Title

Date