



FOR OFFICE USE ONLY

Territory & Sales Representative: _____

- Credit Terms Acknowledgement Form
- Tax Exempt Certificate
- Web Check
- BSC #: _____
- Current Account #: _____
- Release ZF

INSTRUCTIONS

- A. PLEASE FILL OUT THIS FORM COMPLETELY.
- B. RETURN COMPLETED FORM AND OTHER DOCUMENTS TO:
ASHLEY SMITH
CREDIT & COLLECTIONS DEPARTMENT
FAX #: (352) 237-0239
E-MAIL: USAAR@USASCIENTIFIC.COM

Section I – GENERAL INFORMATION

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

Section II – FINANCIAL INFORMATION

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

 - 8. PLEASE LIST ANY AFFILIATED BUSINESSES & RELATIONSHIP:
- | | |
|----------------------------|-------------------------------|
| Name of Affiliated Company | Address of Affiliated Company |
|----------------------------|-------------------------------|
- 9. PRIMARY BUSINESS CONTACT:
- | | | | |
|------|-------|-------------|----------------|
| Name | Title | Telephone # | E-mail Address |
|------|-------|-------------|----------------|
- 10. SECONDARY BUSINESS CONTACT:
- | | | | |
|------|-------|-------------|----------------|
| Name | Title | Telephone # | E-mail Address |
|------|-------|-------------|----------------|
- 11. 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: FISHER SCIENTIFIC, LIFE TECHNOLOGIES, VWR, ANDWIN, SIGMA-ALDRICH, AND INVITROGEN 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



USA Scientific, Inc. has a strong policy on our net 30 day payment terms. Your business is greatly appreciated and we look forward to providing you with the best quality and service. In order to better serve you and keep our collectibles within 30 of net 30 days, we would appreciate your signature of compliance for our company's policy of net 30 days. Please provide an authorized signature and name with a telephone number and fax back to (352) 237-0239, Attn: Credit / Collections Department.

Thank you for your assistance with this matter.

Best regards,

Credit / Collections
USA Scientific, Inc.



Company Name _____

Printed Name _____

Signature _____

Title _____

Telephone _____

Date _____