



Vasus Scientific
 PO 14088
 Raleigh, NC 27620

Fax 480 393-5693
support@vasus.com

Confidential Credit Application

Required info in bold (where applicable)

Company Name: _____					
Company Address: _____ _____ _____					
Web address: _____					
Phone #: _____		Fax #: _____			
Date Est.: _____					
Organization:					
<input type="checkbox"/> Academic		<input type="checkbox"/> Government Unit		<input type="checkbox"/> Corporation	
<input type="checkbox"/> Sole Proprietor (please provide Social Security # below)					
EIN (SS#): _____			DUNS#: _____		
Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes: Tax Certificate # & State: (please include copy with application)					
Primary Contact (Purchasing Agent): _____					
Phone #: _____		Fax #: _____			
Email: _____			User Name: _____		
A/P Supervisor Name: _____					
Phone #: _____		Fax #: _____			
Email: _____					
<i>Shipping Address - If different from Company address</i>					
Contact Name: _____					
Address: _____ _____					
Phone #: _____		Fax #: _____			
Email: _____					
<u>Type of Business</u>					
<input type="checkbox"/> Biotechnology		<input type="checkbox"/> Pharmaceutical		<input type="checkbox"/> Academic/Research	
<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Distributor		<input type="checkbox"/> Chemical	
<input type="checkbox"/> Medical Diagnostics		<input type="checkbox"/> Contract Research		<input type="checkbox"/> Other	
<u>Business References</u>					
	Name	City	State	Phone	Account #:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
<u>Bank Reference</u>					
Bank Name: _____					
Company Address: _____ _____					
Phone #: _____		Fax #: _____			
Account #: _____					

The above information is being submitted for the purpose of allowing Vasus Scientific assess or continue to assess credit on the undersigned account. The undersigned hereby represents and warrants that the information contained herein, or submitted in connection herewith, is true and complete as of the date hereof. It is understood that the information will be held in strict confidence. No information is shared or submitted to any third party including Vendors or Customers by Vasus Scientific. The undersigned agrees to release credit information to Vasus Scientific Credit and Collection Department. We hereby authorize Vasus Scientific to contact and investigate the references, including the banks, listed above and we authorize the reference to release the requested information. The undersigned agrees to remit payment within the terms specified by the Vendor on the face of the invoice. Balances unpaid beyond terms may be subject to a service charge up to 1.5 percent per month on the unpaid balance. The undersigned purchaser agrees to assume responsibility for any legal or third party costs involved in collection and agrees to notify Vasus Scientific of any change of ownership or address. The purchaser agrees to be liable for all purchases should the undersigned fail to comply with said notification.

Signature: _____	Date: _____
Print: _____	