

CREDIT APPLICATION NEW ACCOUNTS

Scientific Machine/SciMac 700 Cedar Ave. PO Box 67 Middlesex, NJ 08846 accounting@SciMac.com 732-356-1553 X 415 | 800-641-7940 www.SciMac.com

Company Name	E-Mail				
	Phone		Fax		
Mailing Address:	City & State	City & State		Zip Code	
Shipping Address:	City & State	City & State		Zip Code	
Resale Tax No:	Federal ID No:	Federal ID No:		Year Established:	
Principals Or Officers & Titles					
			Soc. Security No:		
			Soc. Security No:		
			Soc. Security No:		
Type of Company			nin	Proprietorship	
Type of Business			imated Annual Sales:		
Subsidiary of:	Division of:	of:		Other Affiliation:	
Bank Name:			Account Number:		
Bank Address:					
D&B Rated: Yes No If yes, under what name?		Duns No:			
Trade References: When listing references below, please provide COMPLETE information including your account Number, contact names, Email address, mailing address and direct phone numbers.					
1.			Account Number		
2.			Account Number		
3.			Account Number		
Scientific Machine is authorized to request credit information of the above provided trade and banking references in order to establish an open Account for my business. Upon credit approval, Scientific Machine terms are NET 30 DAYS from date of invoice. Please indicate your assurance Of payment within these terms by signing this application.					
Signature			Date:		
Please, allow approximately three to ten business days to check references and establish an open account. If your order requires immediate Shipment, please include credit card information.					