



PO Box 788
 Waterville, ME 04903-0788
 Ph. 800/244-8378
 Fax 207/873-7022

CREDIT APPLICATION

Business Name:	
Address:	
Telephone Number:	E-Mail:
Fax Number:	Establish Date:
DUNS #	Federal ID#
Corporation/ LLC/ Partnership/ Sole Proprietor:	Sales Tax Exempt? If yes, please include copy of certificate

Shipping Address:	Contact Person:
	Phone:
	Fax:

Billing Address:	Contact Person:
	Phone:
	Fax:

Are Purchase Orders Required:

Type of Industry::

How did you hear about us?

Names of Owners, Partners, or Officers			
Name:	Title:	Address:	Phone:
1.			
2.			
3.			

Bank Reference:	Address:	Phone:	Representative:

**** PLEASE INCLUDE FAX NUMBERS TO YOUR TRADE REFERENCES ****

Trade Reference	Address:	Phone:	Fax:
1.			“
2.			“
3.			“

Signature:	Title:	Date:

By Signing the above, the firm agrees:

1. That all information on this form is true.
2. That Northeast Laboratory Services may verify the above information and research the company's credit history.
3. To pay each invoice within thirty (30) days.
4. To pay a 1.5% service charge per month on any invoice thirty (30) days or older.
5. To pay collection costs and attorney's fees in the event that collection efforts become necessary.

Please Note:

Northeast Laboratory Services, Inc. policy is not to release any final written reports/ orders until this information is obtained.

Northeast Laboratory Internal Use	Client Account Number:
Date:	Credit Limit:
Approved by:	Department: