

The Science Company®
7625 W. Hampden Ave, #14, Lakewood, CO 80227
PHONE 303•777-3777 / FAX 303•777-3331

OPEN ACCOUNT CREDIT APPLICATION

Please complete this Open Account Credit Application for thirty day credit terms.

ACCOUNT INFORMATION

Name of Account _____

Billing Address _____ City _____ State _____ Zip _____

Accounts Payable Contact _____ Phone () _____

Accounts Payable eMail _____

Type of Business _____ No. of years established _____

PURCHASE ORDERS REQUIRED? (check one) Yes No

Sales tax license number if applicable _____

NAME, TITLE AND ADDRESS OF PRINCIPAL

Name _____ Title _____

Home Address _____ Phone () _____

City _____ State _____ Zip _____ FAX () _____

ACCOUNT TRADE REFERENCES (LIST THREE IF POSSIBLE)

1. Company Name _____ Customer No. _____
Address _____ Phone () _____
City _____ State _____ Zip _____ FAX () _____

2. Company Name _____ Customer No. _____
Address _____ Phone () _____
City _____ State _____ Zip _____ FAX () _____

3. Company Name _____ Customer No. _____
Address _____ Phone () _____
City _____ State _____ Zip _____ FAX () _____

PLEASE SIGN TO AUTHORIZE RELEASE OF GENERAL INFORMATION BY BANK TO THE SCIENCE COMPANY.

ACCOUNT BANK REFERENCES (ACCOUNT MUST BE ACTIVE AT LEAST SIX MONTHS)

Name _____

Check Acct. No. _____
MUST BE INCLUDED

Address _____

Phone () _____

City _____ State _____ Zip _____

FAX () _____

Name of Bank Officer familiar with your company _____

Payment is net 30 days.

Applicant agrees to pay all charges made by terms formal or verbal purchase orders by company representatives. Authorization is hereby granted for The Science Company to contact above stated trade and bank references for normal credit information.

Authorized Signature _____ Title _____ Date _____
Required for release of information by bank to The Science Company.

Person supplying Info _____ Title _____ Date _____