

Business Credit Application

Applicant Information

Applicant Name:		Title:		Date:	
Applicant Email:		Applicant Phone #:			

Company Information

Legal Company Name:		Fed FEIN #:	
Main Phone Number:		Website URL:	
Month & Year Business Established:		Legal Organization Type:	

Company Address Information

Physical Address:		Suite #:	
City:		State:	Zip:
Billing Address:		Suite #:	
City:		State:	Zip:
Shipping Address:		Suite #:	
City:		State:	Zip:

Accounts Payable

A/P Contact Name:		A/P Title:	
Email for A/P Invoices:		A/P Phone:	

Purchasing & Finance

Purchasing Contact Name:		Title:	
Purchasing Contact Email:		Phone #:	
Financial Officer Name:		Title:	
Financial Officer Email:		Phone #:	

Company Banking Information

Bank Name:		Bank Address:	
City:		State:	Zip Code:
Bank Officer Name:		Bank Phone Number:	
Preferred Payment Method (Select Only One):		Via ACH Bank Transfer	Via Check (US Mail)

Trade References

Company Name:		A/R Contact Name:	
Company Address:		A/R Contact Email:	
City, State, Zip:		A/R Contact Phone:	
Year Account Opened:		Credit Limit:	Current Balance:
Company Name:		A/R Contact Name:	
Company Address:		A/R Contact Email:	
City, State, Zip:		A/R Contact Phone:	
Year Account Opened:		Credit Limit:	Current Balance:
Company Name:		A/R Contact Name:	
Company Address:		A/R Contact Email:	
City, State, Zip:		A/R Contact Phone:	
Year Account Opened:		Credit Limit:	Current Balance:
Has the company or any of the principal owner(s) or officers ever filed for bankruptcy?	Yes	No	If "Yes" - Year Declared:

Terms & Conditions Agreement

1. Payment terms are Net 30-Days from the date printed on each invoice. Payments are to be received "on or before" the 30th day.
2. Payments received 45-days or later from the date of invoice are subject to finance charges and/or late fees.
3. Customer consents to receive invoices, statements & past-due notices electronically via email only.
4. Emailed or faxed credit applications are deemed to be original. No oral agreements or modifications are accepted between the parties.
5. Capitol Scientific reserves the right to revoke credit, demand payment in full, and/or reduce the credit limit privilege extended. If reasonable collection or legal action is deemed necessary by Capitol Scientific to receive any debt owed, the collection and/or legal fees shall also be charged to, and paid by the business or organization applying for credit herein.
6. Signatures below represent the acceptance of the terms and conditions set forth in this agreement and certification that the information provided within this form are true and correct. Digitally typed signatures are considered legal.

Authorized Signatures

Applicant Name:		Company Officer Name:	
Applicant Title:		Company Officer Title:	
Applicant Signature:		Company Officer Signature:	
Date:		Date:	