

Application for Credit with



This credit application is being submitted by:

Legal Name

Other Names Used

Mailing Address

Physical Address

City, State, Zip

Business Type:

- Corporation
- Partnership
- Proprietorship

Date Established

DNB Number

Names of principal officers, partners or owners:

Name Title

Name Title

Name Title

Bank Reference:

Name

Address

Account Officer Phone

Contact Information:

Accounts Payable: _____
Name

Phone Fax

Controller _____
Name

Phone Fax

Purchasing: _____
Name

Phone Fax

Trade References:

1. _____
Name Title

Address

Credit Contact Phone

2. _____
Name Title

Address

Credit Contact Phone

3. _____
Name Title

Address

Credit Contact Phone

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Please list any related companies in which any of the principals have an interest:

Name	Address
Name	Address
Name	Address

Has your company or an affiliate ever bought from Alcott Chromatography or Micromeritics Instrument Corporation before? Yes No

If so, under what name and when? _____

Are your inventory or receivables secured or otherwise pledged to others? Yes No

If so, please give details? _____

Please attach your Sales Tax Exemption Certificate - otherwise we are required to charge sales tax.

The information in this application submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Alcott Chromatography/Micromeritics to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank and trade creditors to submit complete information for the purpose of credit evaluation. APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES WITHIN NET 30 TERMS.

Company Name: _____

Signed By: _____ Title: _____ Date: _____

Alcott / Micromeritics Use	Bill To Customer #
Initial Order	Amount Requested
Credit Limit	Initials Date