



**ARBOR  
ASSAYS**

## CREDIT APPLICATION

Please submit your application to [Orders@arborassays.com](mailto:Orders@arborassays.com)

Legal Name of Business:	Trade Name of Business (if different):
Bill to Address:	Ship to Address:
Phone #:	Fax #:
Email:	Credit Line Requested:

### Business Type:

Partnership       Limited Partnership       Corporation  
 LLC       Other (please specify) \_\_\_\_\_

Federal ID#: \_\_\_\_\_      Number of years in business: \_\_\_\_\_  
(If tax exempt, attach certificate)

### Accounts Payable Information:

Name of AP Contact:	Title:
Address:	Email:
Phone #:	Fax #:

### Bank Information:

Bank Name:	Account #:
	Account Type:
Bank Address:	Contact:
	E-mail:
Phone #:	Fax #:



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### Credit References:

Company:	_____	Account #:	_____
Contact:	_____	Email:	_____
Phone #:	_____	Fax #:	_____
Address:	_____		
	_____		

Company:	_____	Account #:	_____
Contact:	_____	Email:	_____
Phone #:	_____	Fax #:	_____
Address:	_____		
	_____		

Company:	_____	Account #:	_____
Contact:	_____	Email:	_____
Phone #:	_____	Fax #:	_____
Address:	_____		
	_____		

**Terms:** Payment in U.S. dollars (\$) within 30 days of invoice date.

I certify that the above information is correct and agree to the terms shown.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name and Title, please Print)

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