

# Cole-Parmer Instrument Company Application for Credit

(Please fill in this form and fax back to our Credit Department at 847-247-2986.)

Legal Name:

Trade Styles (DBA, Trading as, etc.):

If Division or Subsidiary — Name of Parent Co:

\*Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Please attach a list of any additional ship-to locations if different from the above address.

CORPORATION     SUB CHAPTER S     PARTNERSHIP     PROPRIETORSHIP     LLC

NAMES OF PRINCIPAL OFFICERS, PARTNERS, OWNERS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Financial Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

PLEASE LIST ANY RELATED COMPANIES IN WHICH THE PRINCIPALS HAVE AN INTEREST:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Has Cole-Parmer ever sold to these before or to any present or former affiliate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

ARE YOUR RECEIVABLES AND/OR INVENTORY PLEDGED TO OTHERS? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

YEARS IN BUSINESS \_\_\_\_\_ D & B DUNS# \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ FEDERAL TAX ID# \_\_\_\_\_

**TRADE REFERENCES:** (Please include complete address)

1. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

\_\_\_\_\_ Acct#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

\_\_\_\_\_ Acct#: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

\_\_\_\_\_ Acct#: \_\_\_\_\_

**BANK REFERENCES:**

1. Name: \_\_\_\_\_ Acct#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

2. Name: \_\_\_\_\_ Acct#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

IS YOUR COMPANY TAX-EXEMPT? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please submit a tax-exempt certificate for each of your ship-to locations along with this application)

**DOCUMENT REQUIREMENTS** — Financial Statements Upon Request

The information in this application and in all financial statements 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 Cole-Parmer Instrument Company to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank(s) and creditor(s) to submit complete information for the purpose of credit evaluation. The applicant and their company agree to all terms and conditions set by Cole-Parmer. The applicant agrees to reimburse Cole-Parmer Instrument Company for all costs and fees (including attorneys' fees incurred by Cole-Parmer Instrument Company in collecting delinquent balances from the applicant. **\*\*\*TERMS N/30\*\*\***

COMPANY NAME:

Date:

\*\*Signed By:

Title:

\*\* Print Name:

\*\*\*SS#:

\*\*Authorized signatory must be an Officer, Partner, or Proprietor.

\*\*\*If business is a sole proprietorship or a partnership-social security numbers must be provided.

-Office Use Only-  
Account Number:

2/04