

New Account Application Form

Name of **Researcher**: _____

Institution / Company: _____

Department / Lab: _____

Address: _____

Phone and Email Contact: _____

Billing and Shipping Information

Billing Contact: _____

Shipping Contact: _____

Billing Address: _____

Shipping Address: _____

Billing Phone: _____

Shipping Phone: _____

Billing Contact Email: _____

Shipping Contact Email: _____

Trade References

Trade reference #1

Company Name: _____

Phone: _____

Account Number: _____

Email: _____

Contact Name: _____

Address: _____

Trade reference #2

Company Name: _____

Phone: _____

Account Number: _____

Email: _____

Contact Name: _____

Address: _____

Trade reference #3

Company Name: _____

Phone: _____

Account Number: _____

Email: _____

Contact Name: _____

Address: _____

Tax Exempt (Y or N): _____ **(If yes, please provide tax exempt form.)**

Fax completed form to 301-762-7778.

Terms of payment: NET 30 days, FOB shipping. Balances unpaid beyond terms are subject to a service charge of 1.5% per month on the unpaid balance. The undersigned purchaser agrees to pay any legal fees and third party costs associated with collection and agrees to notify APC Biomaterials of any change of ownership. The undersigned agrees to release credit information to APC Biomaterials accounting department. It is understood that the information will be held in confidence and is for the sole purpose of extending credit.

Authorized Purchasing Agent Signature (required): _____ Date: _____