

# Thomas Scientific, LLC

## NEW ACCOUNT / CREDIT APPLICATION

Any vendor / supplier information required for payment processing must be requested before the first order is placed.

### \*Required Field

Terms Net 30

\*Business Name: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_  
\*Bill To Address: \_\_\_\_\_ \*Ship To Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*City: \_\_\_\_\_  
\*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

The below must be filled out completely if applying for credit.

Corporation  Partnership  Proprietorship

Division/Branch

Parent Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Attach Copy of Sales Exempt Certificate (if applicable)

Federal ID #: \_\_\_\_\_

and/or

\*Dun and Bradstreet #: \_\_\_\_\_

### Estimated Purchases from Thomas Scientific

Yearly Purchases: \$ \_\_\_\_\_

Credit Limit Requested: \$ \_\_\_\_\_

### Company Officials

\*President/Owner: \_\_\_\_\_

\*Treasurer/Controller: \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Accounts Payable Information

\*Name: \_\_\_\_\_

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

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Preferred Payment Method:  Electronic Funds Transfer  Check

\*Invoice Receipt:  Email  Fax  Portal

### Trade References

\*Supplier Name: \_\_\_\_\_

\*Supplier Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Supplier Name: \_\_\_\_\_

\*Supplier Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

Are you already working with a Thomas Scientific sales representative?

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

Questions? Contact AR@ThomasSci.com

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Return completed application to [NewAccounts@ThomasSci.com](mailto:NewAccounts@ThomasSci.com)**

*\*NOTE: If you've already created a web profile, please contact Thomas Scientific to link your account number to your web profile in order to see custom pricing and account information.*

**Thomas Scientific, LLC**

1654 High Hill Road, Swedesboro, NJ 08085-0099, USA

Phone: (833) 544-7447 • Fax: (856) 467-7647

Effective Date: 01/16/2020

Revised Date: 11/13/2020

# Thomas Scientific, LLC

## NEW ACCOUNT / COMPANY INFORMATION AND USER PROFILE(S)

We want to better assist you, our customer. To help us stay connected with you, please complete the user profile(s) below. This information will be placed into our end-user database to keep customers up-to-date on new products, suppliers, and information we feel may be of interest to you. We do not share your information with third-party companies.

By checking this box, I consent to Thomas Scientific processing my personal data for the purposes described in the Terms & Services and Privacy Policy. I understand I can withdraw my consent at any time.  
 I want to receive news, offers, and other promotional materials from Thomas Scientific by email, phone, and mail to the contact information I'm submitting.

### \*Required Field

\*Business Name: \_\_\_\_\_ \*Street Address: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Website: \_\_\_\_\_ \*Industry: \_\_\_\_\_

### Market Segment

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advanced Tech         | <input type="checkbox"/> Federal Gov't     | <input type="checkbox"/> Molecular Diagnostics |
| <input type="checkbox"/> Cannabis <sup>†</sup> | <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Petro-Chemical        |
| <input type="checkbox"/> Clinical              | <input type="checkbox"/> Government        | <input type="checkbox"/> Pharma-Biotech        |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Industrial        | <input type="checkbox"/> State & Local Gov't   |
| <input type="checkbox"/> Environmental         | <input type="checkbox"/> International     | <input type="checkbox"/> Suppliers             |

### Account Type

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Lab  | <input type="checkbox"/> Production |
| <input type="checkbox"/> Life Science                                   | <input type="checkbox"/> Supplier   |
| Research: <input type="checkbox"/> Yes <input type="checkbox"/> No      |                                     |
| Manufacturing: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |
| Cleanroom: <input type="checkbox"/> Yes <input type="checkbox"/> No     |                                     |
| Vivarium: <input type="checkbox"/> Yes <input type="checkbox"/> No      |                                     |

<sup>†</sup>A state license is required to submit

### Account User Profiles

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

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Complete Address Section if Different from Company Address Above

Complete Address Section if Different from Company Address Above

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Complete Address Section if Different from Company Address Above

Complete Address Section if Different from Company Address Above

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_