

# Credit Application



Thermo Fisher Scientific  
Remel  
12076 Santa Fe Drive  
Lenexa, KS 66215

Bill to Company Name \_\_\_\_\_ A/P / Finance Mgr Contact \_\_\_\_\_

Billing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip (9 digit) \_\_\_\_\_ County \_\_\_\_\_

Ship to Name (if different from Bill-to) \_\_\_\_\_ Contact \_\_\_\_\_

Ship to Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Name & E-mail \_\_\_\_\_ Company Website \_\_\_\_\_

Should we charge you sales tax?  Yes  No **If no company must provide a copy of it's tax exemption certificate**

If a subsidiary, Parent Company name: \_\_\_\_\_ # of Years in Business \_\_\_\_\_ # of Employees \_\_\_\_\_

**Do you currently have an account with another Thermo Fisher company? If Yes:** | Location \_\_\_\_\_ Acct # \_\_\_\_\_

\*\*Federal Tax or Employer ID # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

\*\*Please include a copy of your current Business License, State License(s), DEA Registration(s), Drivers License or Import License(s).

\*\*Required for all customers with CA locations (Pursuant to CA Health & Safety Act)

**Expected monthly purchases? \$**

Type of Business: \_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_

### Bank Reference

Bank Name \_\_\_\_\_ Bank Account # \_\_\_\_\_

Address \_\_\_\_\_ Contact Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Contact Fax # \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_

### Trade References

1. Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

All sales transactions shall be governed by Thermo Fisher Scientific's TERMS and CONDITIONS OF SALE, a copy of which is attached hereto and incorporated herein. Applicant agrees that payment terms are NET 30 DAYS, FOB Shipping Point, unless otherwise expressly agreed to in writing by Thermo Fisher Scientific. Balances unpaid beyond the payment term are subject to interest at 1½% per month (or the maximum permissible rate under applicable law, whichever is less) on the unpaid balance. Applicant will pay any legal fees and third party collection costs incurred by Thermo Fisher Scientific to collect unpaid amounts. Applicant agrees to promptly notify Thermo Fisher Scientific in writing of any change in the ownership of Applicant. Applicant warrants and represents that the information contained herein is accurate and may be relied upon by Thermo Fisher Scientific in making credit decisions, including increasing, decreasing or terminating any credit availability at any time within Thermo Fisher Scientific's sole discretion. Applicant hereby authorizes its bank(s) and supplier(s) to furnish Thermo Fisher Scientific any information necessary to complete the evaluation of Applicant's credit history. Applicant acknowledges and agrees that, in the event of any inconsistency between the payment terms hereof and the terms of any purchase order or other document issued by Applicant, the terms hereof will control. Subject to compliance with all applicable laws, Thermo Fisher Scientific reserves the right to deny credit to Applicant or increase, decrease or terminate Applicant's credit availability at any time and for any reason without notice to Applicant.

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Return the completed application to Fax # **(800) 447-5761**  
Or E-mail to **remel@remel.com** - Subject: Credit Application

ECOA: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, D.C. 20580.

MSDS Contact Name: _____
Phone # _____
Fax# _____
E Mail* _____
<b>*(Email, preferred for MSDS mailings)</b>



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

Person Completing Form \_\_\_\_\_

Print Name

Signature

Please select ONE of the following that best describes your organization.

<b>Clinical Hospital</b>	
<input type="checkbox"/>	Clinical General Hospital (<250 beds)
<input type="checkbox"/>	Clinical General Hospital (250-500 beds)
<input type="checkbox"/>	Clinical General Hospital (500-800 beds)
<input type="checkbox"/>	Clinical General Hospital (800+ beds)
<input type="checkbox"/>	Clinical University Hospital
<b>Clinical Laboratory</b>	
<input type="checkbox"/>	Clinical National Ref Lab
<input type="checkbox"/>	Clinical Regional Ref Lab
<input type="checkbox"/>	Clinical Local Ref Lab
<input type="checkbox"/>	Clinical Office Lab (POL, on-site)
<input type="checkbox"/>	Clinical Lab Buying Group (e-intermediary)
<b>Clinical Veterinary Clinic</b>	
<input type="checkbox"/>	Clinical National Veterinary Clinic
<input type="checkbox"/>	Clinical Regional & Local Veterinary Clinic
<b>Clinical Federal Government (CFG)</b>	
<input type="checkbox"/>	Clinical CFG Labs
<input type="checkbox"/>	Clinical CFG Animal/Veterinary Labs
<input type="checkbox"/>	Clinical CFG VA
<input type="checkbox"/>	Clinical CFG Hospital (DOD, Civilian)
<b>Clinical State and Local Government (CSL)</b>	
<input type="checkbox"/>	Clinical CSL Public Health Services and Labs
<input type="checkbox"/>	Clinical CSL Military
<b>Industrial Food</b>	
<input type="checkbox"/>	Industrial Meat & Poultry
<input type="checkbox"/>	Industrial Vegetable, Grains, and Nuts
<input type="checkbox"/>	Industrial Dairy
<input type="checkbox"/>	Industrial Food Other
<b>Industrial Personal Care</b>	
<input type="checkbox"/>	Industrial Cosmetics
<input type="checkbox"/>	Industrial Personal Care Other

<b>Industrial Medical</b>	
<input type="checkbox"/>	Industrial Pharmaceutical
<input type="checkbox"/>	Industrial Biotech
<input type="checkbox"/>	Industrial Medical Device Manufacturer
<b>Industrial Beverage &amp; Brewing</b>	
<input type="checkbox"/>	Industrial Brewing
<input type="checkbox"/>	Industrial Beverage & Brewing Other
<input type="checkbox"/>	Industrial Bottled Water
<b>Industrial Private Contract Lab &amp; Research Institute</b>	
<input type="checkbox"/>	Industrial Private Contract Lab & Research Institute
<b>Industrial Education (University &amp; College)</b>	
<input type="checkbox"/>	Industrial Education (University & College)
<b>Industrial Other</b>	
<input type="checkbox"/>	Industrial Other
<b>Industrial Environmental</b>	
<input type="checkbox"/>	Industrial Environmental Water (Industrial)
<input type="checkbox"/>	Industrial Environmental Other
<b>Industrial Federal Government (IFG)</b>	
<input type="checkbox"/>	IFG Environment
<input type="checkbox"/>	IFG Testing & Research
<input type="checkbox"/>	IFG Education & Training
<b>Industrial State and Local Government (ISL)</b>	
<input type="checkbox"/>	ISL Environment
<b>Distributor</b>	
<input type="checkbox"/>	Distributor - General
<input type="checkbox"/>	Distributor - Clinical
<input type="checkbox"/>	Distributor - Industrial
<input type="checkbox"/>	Distributor - POL
<input type="checkbox"/>	Distributor - Veterinary
<input type="checkbox"/>	Distributor - Government
<input type="checkbox"/>	Distributor - Freight Forwarder

Please complete this form and fax it to 800-447-5761. For help completing this form, contact Customer Support at 800-255-6730.