|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Customer Information | | | | | | | |
| Company name: | | | | | | | |
| Contact name: | | | | | Title: | | |
| Phone: | Fax: | | E-mail: | | | | |
| Company address: | | | | | | | |
| City: | | | | State: | | ZIP Code: | |
| Date business commenced: | | | | | | | |
| Sole proprietorship: | | Partnership: | | Corporation: | | | Other: |
| Type of Business: | | | | | | | |
| Billing Information | | | | | | | |
| Bill to business address: | | | | | | | |
| City: | | | State: | | | ZIP Code: | |
| Bill to name: | | | | | Title: | | |
| Telephone: | Fax: | | E-mail: | | | | |
| Credit Card information | | | | | | | |
| Name as it appears on the card: | | | | | | | |
| Type of Card: Number: | | | | | | | |
| Expiration Date: | | | Security code(3 digits on back, 4 digits on front AMEX | | | |  |
| Billing Zip Code for Card |  | | Amount to Billed: | | | | |
| Type of account: | | | | | | | |
| Trade reference | | | | | | | |
| Company Name: Contact Person: | | | | | | | |
| City: | | | State: | | | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | | | |
| Type of account: | | | | | | | |
| Reporting information | | | | | | | |
| Report to name: | | | | | Title: | | |
| Phone: | Fax: | | E-mail: | | | | |
| Address: | | | | | | | |
| City: | | | State: | | | ZIP Code: | |
| Agreement | | | | | | | |
| 1. Payment is expected at time of service unless credit has been extended. 2. If credit has been extended all invoices are to be paid 30 days from the date of the invoice. Invoices past due are subject to a 1.5% finance charge monthly. 3. Claims arising from invoices must be made within ten working days. 4. By submitting this application, you authorize Midwest Analytical Services, Inc. to make inquiries into the business/trade references that you have supplied. | | | | | | | |
| Signatures | | | | | | | |
| Title:  Date: | | | | Title:  Date: | | | |