

# ANALYTICAL BALANCE CORP.

Environmental Chemistry  
Site Assessment  
Quality Assurance Services

422 WEST GROVE STREET  
MIDDLEBORO, MA 02346  
508-946-2225  
Fax 508-946-3335

Environmental Services  
Site Sampling  
Data Auditing

## Credit Application

(please print or type)

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

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Previous Address (if moved in the last 5 yrs.): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proprietorship [ ] Partnership [ ] Corporation [ ]

Owner's Social Security # (or Federal Tax ID #): \_\_\_\_\_

Name of Officers/Owners:

1. \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

2. \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

3. \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

4. \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

Does Company require purchase orders? \_\_\_\_\_

Name of Bank \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Account #: \_\_\_\_\_

Names of Suppliers where you now have credit (please give address, phone #, fax # and contact person):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Analytical Balance Corp. terms of sales are: NET 30 DAYS from the date of invoice.

I have read and understand the above information and have responded to the best of my knowledge.

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

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