



CREDIT APPLICATION

Company Information

Company Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone & Fax #'s: _____

AP Contact Name: _____

Ship To: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

DUNS# _____

Bank: _____

Bank Contact & PH: _____

Trade References

Company 1: _____

Contact: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Account Number: _____

Company 2: _____

Contact: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Account Number: _____

Company 3: _____

Contact: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Account Number: _____

Please complete this form and fax it to Holly Sparks-Henderson at 574-271-7477 or email holly@lazarsci.com in order to establish a corporate account with Lazar Scientific, Inc.

