



**Trajan Scientific Americas Inc.
CUSTOMER ACCOUNT APPLICATION**

Legal Business Name		Tax ID	D&B#
Business Start Date	Type of Business Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <input type="checkbox"/>		
Bill To Address:			
City	State	ZIP Code	Country
Phone:	E-mail for Invoice Distribution:		

SHIP TO INFORMATION

Company Name:			
Ship To Address:			
City:	State	Zip Code	Country
Phone:	E-mail:		

TAX EXEMPT STATUS

Do you have a resale or tax exempt certificate: Yes No

If yes, for which states does your company have a sales tax exemption?

Please attach sales tax exemption form(s) to this application

Accounts Payable Information

Accounts Payable Contact Phone

Accounts Payable Email

Purchasing/ Buyer Information

Buyer/Purchasing Contact Phone:

Email Address:



APPLICATION FOR CUSTOMER CREDIT ACCOUNT (Complete if Requesting Credit)				
Name of Business:				
Address				
City:			State:	ZIP Code:
How long at current address?				
Bank name:				
Contact Name		Email		Phone:
Address City:		City	State:	ZIP Code:
BUSINESS/TRADE REFERENCES				
Company name:				
Address:				
City:			State:	ZIP Code:
Phone:		Fax:		E-mail:
Company name:				
Address:				
City:			State:	ZIP Code:
Phone:		Fax:		E-mail:
Company name:				
Address:				
City:			State:	ZIP Code:
Phone:		Fax:		E-mail: