



Trajan Scientific Americas Inc.
CUSTOMER ACCOUNT APPLICATION

Legal Business Name				Tax ID	D&B DUNS#
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:		
PAYMENT OPTIONS & FINANCIAL CREDIT					
1) Are you applying for a financial line of credit: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, go to section 2					
If yes, will the amount be higher than \$2,500.00 USD: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Net-30 Terms and a \$2,500.00 credit limit will be granted					
If yes, what is the \$USD amount of credit requested? (Continue to page 2 - Application for Credit)					
2) If financial credit is not requested, please select payment terms:					
Pre-Payment <input type="checkbox"/> (ACH, Wire, Check)					
Credit Card <input type="checkbox"/>					
PURCHASING/ BUYER INFORMATION					
Buyer/Purchasing Contact:				Phone:	
E-mail:					
TAX EXEMPT STATUS					
Do you have a resale or tax-exempt certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, for which states does your company have a sales tax exemption? (Please attach sales tax exemption form(s) to this application)					



APPLICATION FOR CUSTOMER CREDIT ACCOUNT

Name of Business:	Tax ID	D&B DUNS#
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Address

City:	State:	ZIP Code:
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FINANCE / ACCOUNTING CONTACT INFORMATION

Accounts Payable Contact:	Phone:
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E-mail:

Finance Mgr./ Controller Contact:	Phone:
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E-mail:

BANKING INFORMATION

Bank name:

Contact Name	Email	Phone:
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Address City:	City	State:	ZIP Code:
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BUSINESS/TRADE REFERENCES

Company name:

Address:

City:	State:	ZIP Code:
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Primary Contact Name:

Phone:	Fax:	E-mail:
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Company name:

Address:

City:	State:	ZIP Code:
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Primary Contact Name:

Phone:	Fax:	E-mail:
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Company name:

Address:

City:	State:	ZIP Code:
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Primary Contact Name:

Phone:	Fax:	E-mail:
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