



# Account Application Form

**Business Legal Name:** \_\_\_\_\_

**Business Description:** \_\_\_\_\_  
(Pharmaceutical, Academic, etc.)

**Accounts Payable Contact Name:** \_\_\_\_\_

**Accounts Payable Phone:** \_\_\_\_\_

**Accounts Payable Email:** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Purchasing Contact:** \_\_\_\_\_  
(If different than AP contact)

**Purchasing Phone:** \_\_\_\_\_  
(If different than AP contact)

**Purchasing Email:** \_\_\_\_\_  
(If different than AP contact)

**Registered Business Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bill-To Address** (if different than Registered Business Address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ship-To Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Credit Limit (if required):** \_\_\_\_\_

<b>Trade References:</b>		
Creditor	Contact Name	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____