



# Customer Set-up Form - Credit Terms

Are you an existing customer applying for credit terms? Yes No

Account #

## Company Information

Company (Legal Name) Hardy Account Manager

Ship to Address: City County State Zip

Phone Fax

Bill to Address: Same as Ship to Address City County State Zip

Phone Fax

Business Type: Commercial Residential

Hospital Veterinary Dr.'s Office Reseller Pharmaceutical Food Lab Government University/College Other

Tax Exemption Status (Choose one): Resale Other Exempt (Both require a certificate at time of application)

Estimated Monthly Purchase Amount: \$ (Do not leave blank)

## Contact Information

Laboratory Manager Name Title

Phone Fax Email

Microbiology Supervisor Name Title

Phone Fax Email

Purchasing Agent Name Title

Phone Fax Email

Accounts Payable Supervisor Name Title

Phone Fax Email

## Ownership Information

Date Established: Number of Years at this Address: Number of Employees:

Check one: Corporation Individual Proprietorship Partnership Other Government Entity

Name of Owner/Officer Title

Home Address Phone

## Trade References (please fill out or attach your company's standard form)

Company Name: Phone Fax

Address: City State Zip

Account Number: Contact person and title:

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Address: City State Zip

Account Number: Contact person and title:

All statements made herein are true and accurate to the best of our knowledge. We are aware that incomplete or false information may result in denial of credit. We authorize Hardy Diagnostics to make any inquiries necessary for action on this credit application. We agree to comply with the stated terms of sale, i.e. net 30 days. Any amount due after 30 days is subject to a late charge of 1.5% per month. In the event that any action is necessary to collect amounts due, Hardy Diagnostics will be entitled to recover all principal due as well as expenses and reasonable attorney fees. Hardy Diagnostics reserves the right to change credit terms at any time, without notification.

Authorized signature Title Date