



610 Main Street
Bar Harbor, ME 04609 USA

CREDIT APPLICATION

FOR ORGANIZATIONS PAYING FOR PRODUCTS & SERVICES FROM THE JACKSON LABORATORY

CONTACT INFORMATION FOR PAYING ORGANIZATION

Name of Contact person:

Title of Contact person

Organization name:

Telephone:

Fax:

E-mail:

Registered organization address:

City:

State:

ZIP/Postal Code:

Country:

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Date Started (if less than 3 yrs, need date, source & funding amount):

STATUS OF PAYING ORGANIZATION

Please indicate the status of your organization by checking all appropriate boxes:

Non-profit organization. My organization's tax exempt number is:

For-profit organization. My organization's re-sale certificate number (if applicable) is:

Sole proprietorship

Partnership

Corporation

Other (*please describe*):

Paying organization's address:

City:

State:

ZIP/Postal Code:

How long at current address?

Tel:

Fax:

E-mail:

Bank name:

Bank address:

Telephone & Fax:

City:

State:

ZIP/Postal Code:

Type of account (please check all that apply and provide account numbers)

Savings; account number:

Checking; account number:

Other; account number:

TRADE REFERENCES FOR THE PAYING ORGANIZATION

Organization name for first reference:

Address:

City:

State:

ZIP/Postal Code:

Country:

Tel:

Fax:

E-mail:

Type of account & number:

Organization name for second reference:

Address:

City:

State:

ZIP/Postal Code:

Country:

Tel:

Fax:

E-mail:

Type of account & number:

TRADE REFERENCES FOR THE PAYING ORGANIZATION

Organization name for third reference:

Address:

City:

State:

ZIP/Postal Code:

Country:

Tel:

Fax:

E-mail:

Type of account & number:

AGREEMENT

1. Invoices are to be paid in U.S. currency. Payment for services, products, shipping containers and shipping costs that are rendered is expected within the payment terms indicated on the invoice or stated by contract.
2. Claims arising from invoices must be made within seven working days.
3. By signing and submitting this application, you authorize The Jackson Laboratory to make inquiries into the banking and trade references that you have supplied and also you attest that the information provided within this form is true and accurate.

SIGNATURES

This application must be signed by a person in an authoritative position at the organization which will be paying for products or services from The Jackson Laboratory.

Signature:

Signature:

Print name:

Print name:

Title:

Title:

Date:

Date:

Please submit completed credit applications by fax to 207-288-6150