



**Headquarters**

P.O. Box. 817  
151 East Industry Court  
Deer Park NY 11729  
Ph: (631) 595-9206  
(800) 645-7220  
Fax: (631) 595-9093  
(800) 343-5733

**Empire Central**

381 Randy Rd.  
Carol Stream IL 60188  
Ph: (630) 510-8636  
(800) 221-6012  
Fax: (630) 510-7859  
(800) 719-9902

**Empire South**

4504 E. Hillsborough Ave.  
Tampa FL 33610  
Ph: (813) 246-4030  
(800) 810-8891  
Fax: (813) 246-4041  
(877) 422-8866

Visit Us On The WEB:

[www.empirescientific.com](http://www.empirescientific.com)

Email:

[sales@empirescientific.com](mailto:sales@empirescientific.com)

**Credit Application**

Please supply all information requested below as complete and accurately as possible so that the credit department can expedite the processing of the credit and facilitate the shipment of any pending orders.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Shipping Address (if different from above): \_\_\_\_\_

Corporation( ) Partnership ( ) Sole Proprietor ( ) Tax ID#: \_\_\_\_\_  
Name of Corporate Officers of Sole Proprietorship: \_\_\_\_\_  
Listed with Dunn & Bradstreet: Yes ( ) No ( ) D & B # \_\_\_\_\_  
Listed with NCO: Yes ( ) No ( ) Financial Statement Attached: Yes ( ) No ( )

Bank and Financial Company References (List all banks and financial institutions with which you do business):

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Trade References (List all major suppliers with whom you do business—including manufacturers, distributors, wholesalers or jobbers from whom you obtain credit):

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Account#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

I hereby give permission to release information via telephone/fax concerning my accounts: **(To be signed by bank account holder only!)**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Salesperson: \_\_\_\_\_ Sales #: \_\_\_\_\_

Order Placed Awaiting Credit Approval: Yes ( ) No ( )