

ACS LABS CREDIT APPLICATION

16203 Park Row #100 Houston TX 77084

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Company Name _____ **Date** _____

DBA or Assumed Name (if any) _____ **Dun & Bradstreet # (if any)** _____

Company Type: (circle one) Corporation Partnership/LLP Proprietorship

State of Incorporation _____ **Charter #** _____ **Date of Incorporation** _____

Mailing Address:
(Results sent here)

Shipping Address:
(Samples returned here)

Accounts Payable: _____ **Require Purchase Order?** **Y E S / N O**

SupervisorName: _____ **EmailAddress** _____ **DirectTelephone#** _____

Billing Address _____ **Fax#** _____

Bank Reference: **NOTE: We accept U.S. Funds drawn on U.S. Banks only.**

BankName _____ **Account#** _____ **Address** _____ **Telephone#** _____

Vendor Credit References: (Please list 4 current laboratory or scientific vendors)

Name _____ **Address** _____ **Contact/Phone** _____ **EmailAddress** _____

ACS Client Code:	Credit Limit:	Date of Approval: