



AmeriSci Client Profile Form

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Acct# _____

For Internal Use Only

Business Name: _____

Primary Contact: _____ Email: _____

Cell: _____ Office Ph: _____ Fax: _____

Billing Contact: _____ Email: _____ Ph: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Ship Contact: _____ Email: _____ Ph: _____

Ship Address: _____

City: _____ State: _____ Zip: _____

Payment Options

Choose One Option

Credit Card: American Express: VISA: MasterCard: AmeriSci Credit Account: ACH:

Cardholders Name: _____

(See Credit Acct Info
in Last Section)

(Please Provide
ACH Paperwork)

Credit Card Number: _____ Expiration Date (MM/YY): _____ CVV2: _____

Statement Address: _____ City: _____ St: _____ Zip: _____

I hereby authorize the AmeriSci Group to keep my Credit Card information on file and charge my credit card each month (around the 15th) for costs related to services provided by any AmeriSci location including AmeriSci Boston, AmeriSci New York, AmeriSci Los Angeles, AmeriSci Richmond, or AmeriSci Bio-Chem at the agreed-upon pricing."

Signature: _____ Date: _____

AmeriSci Credit Account Information

Federal Taxpayer ID#: _____ Year Formed: _____ No. of Employees: _____

Business Credit References

Name: _____ Ph: _____

Name: _____ Ph: _____

Name: _____ Ph: _____

I/We, the applicant (business named above), authorize the AmeriSci Group to obtain credit reports and contact references as deemed necessary for the purposes of extending credit and to obtain updated credit reports at AmeriSci Group's discretion in the maintenance of any credit extended. I/We agree in using the credit extended for the purchase of goods and/or services from any AmeriSci location including AmeriSci Boston, AmeriSci New York, AmeriSci Los Angeles, AmeriSci Richmond, AmeriSci Bio-Chem that all invoices are due and payable in full within thirty (30) days of the invoice date. Late charges, not in excess of those permitted by law, will be added to overdue invoices. I/We agree to be responsible for all attorneys' fees and/or collection costs in the event that the applicant's account is placed with a professional for collection or if suit is filed for collection.

I Certify That I Am Authorized To Submit This Application For Credit On Behalf Of The Applicant (Business Above)

Signature: _____ Date: _____

Please Print, Sign, and Email to: signup@amerisci.com