



**AmeriSci New York**  
 117 East 30th Street  
 New York, NY 10016  
 Tel: (212) 679-8600  
 Fax: (212) 679-3114

**CLIENT PROFILE FORM**

				Acct #	Loc # New York
<b>BUSINESS NAME:</b> (Full legal name)		<b>Doing Business As:</b>		<b>Amt Credit Requested:</b> \$	
<b>PURCHASING INFORMATION</b>		<b>INVOICING INFORMATION</b>		<b>PAYABLES INFORMATION</b>	
Primary purchasing contact name:		Send invoices to the attention of:		Contact for questions about payment:	
Mailing Address		Mailing Address		Mailing Address	
Street Address		Street Address		Street Address	
City/State/Zip		City/State/Zip		City/State/Zip	
Business Phone ( ) ( )	Fax Number ( ) ( )	Business Phone ( ) ( )	Fax Number ( ) ( )	Business Phone ( ) ( )	Fax Number ( ) ( )
Email		Email		Email	
Federal Taxpayer ID#	No. of Employees	Type of Business: <input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC		This company is: <input type="checkbox"/> Headquarter <input type="checkbox"/> Division <input type="checkbox"/> Branch <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other	
Date Formed:	Annual Sales Vol.:	Nature of business services:			
		Years In Business Under Current Ownership:			
<b>Owners, Partners, Shareholders and Officers</b>					
(1)		(2)		(3)	
Full Name					
Residence					
City/State					
Social Security No.					
Title					
<b>BANK REFERENCE</b>					
Name of Bank		Address/City/State/Zip		Checking Acct. No.	
Name of Bank Officer		Phone Number ( ) ( )	Fax Number ( ) ( )		
<b>BUSINESS CREDIT REFERENCES</b>					
Name	Address/City/State/Zip		Phone Number ( ) ( )	Acct. No.	
Name	Address/City/State/Zip		Phone Number ( ) ( )	Acct. No.	
Name	Address/City/State/Zip		Phone Number ( ) ( )	Acct. No.	
<p>I/We, the applicant (business named above), authorize America Science TEAM New York, Inc. (AmeriSci New York) to obtain credit reports and contact references as deemed necessary for the purposes of extending credit and to obtain updated credit reports at AmeriSci New York discretion in the maintenance of any credit extended. Owners, shareholders, partners and/or corporate officers of the applicant authorize AmeriSci New York to investigate the credit record of named principals in determination of a credit decision. I/We agree in using the credit extended for the purchase of goods and/or services from AmeriSci New York 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.</p>					
<b>I CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION FOR CREDIT ON BEHALF OF THE APPLICANT (BUSINESS NAMED ABOVE).</b>					
X	Signature	Date	Name (Print or Type)	Title	
<b>PERSONAL GUARANTEE OF APPLICANT OWNER</b> (Required for all business not publicly traded)					
X	Signature	Date	Name (Print or Type)	Title	

**Full Service Asbestos, Environmental Chemistry and Microbiology Testing Laboratories**  
 Boston                      Los Angeles                      New York                      Richmond

Please fax or mail completed form to :

**AmeriSci Group**  
**Attn: Accounts Receivable**  
**13635 Genito Road**  
**Midlothian, VA 23112**  
**Fax: (804) 763-0493**