



Please transmit your completed Credit Application,  
with pertinent attachments, to:  
[Accounting@Nurnberg.com](mailto:Accounting@Nurnberg.com)

18500 SW Teton Ave., Tualatin OR 97062  
P: 503-246-8297 or 800-826-3470

## APPLICATION FOR CREDIT \* denotes required fields

### COMPANY DATA

*Company Name (include AKA)	*Tax ID#
*Billing Address	*Business Phone #
*City <span style="float: right;">State      Zip Code</span>	Fax #
Principal #1 Name & Title <span style="float: right;">Phone #</span>	Date Company Established
Principal #2 Name & Title <span style="float: right;">Phone #</span>	Company Website
*Shipping Address (if different from above)	AP Contact
*City <span style="float: right;">State      Zip Code</span>	AP Phone & Email
Purchasing Contact <span style="float: right;">Purchaser Phone #</span>	Purchaser Email

Business Description: \_\_\_\_\_

Type of Business:    Individual/Sole Proprietor    C Corp    S Corp    Partnership    Limited Liability

### BANK REFERENCE & RELEASE

Bank Name	Account #
Address <span style="float: right;">City      State      Zip Code</span>	Branch #
Bank Rep/Contact Name <span style="float: right;">Contact Phone #</span>	Contact E-Mail

By completing and signing the below, you state that you are an Authorized Signator on the listed account, and instruct your bank to release personal banking/credit information for the purpose of requesting credit terms with our company:

*Signator's Printed Name	Title
*SIGNATURE: _____	Date: _____





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Or Fax to: **503-542-0138**

**BUSINESS REFERENCES**

For quick and efficient evaluation of your credit history, please supply three recent business references (do not include Credit Cards, Utilities, Lease Agreements or C.O.D. accounts). **IMPORTANT:** Please ensure that contact information is accurate, **up-to-date**, and includes the FAX # & EMAIL ADDRESS of each credit contact.

REFERENCE #1 Company Name \_\_\_\_\_

FAX # \_\_\_\_\_

Account # \_\_\_\_\_ Credit Contact Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

REFERENCE #2 Company Name \_\_\_\_\_

FAX # \_\_\_\_\_

Account # \_\_\_\_\_ Credit Contact Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

REFERENCE #3 Company Name \_\_\_\_\_

FAX # \_\_\_\_\_

Account # \_\_\_\_\_ Credit Contact Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

**TAX STATUS**

Please check the accurate statement regarding your organization's Sales Tax Exemption:

- EXEMPT (Please provide a copy of your current Exemption Certificate/Reseller's Permit)
- TAXABLE

**PERSONAL GUARANTY**

The person signing this credit application on behalf of Buyer personally and individually GUARANTEES the full and prompt performance of Buyer and the PAYMENT OF ALL SUMS USD due Seller/SCIENTIFIC DISTRIBUTORS, LLC dba Nurnberg Scientific from Buyer, for any reason whatsoever, notwithstanding the amount.

The undersigned has read and accepts the terms and conditions of the above personal guaranty.

\_\_\_\_\_  
 Guarantor Signature

\_\_\_\_\_  
 For (Company Name)

\_\_\_\_\_  
 Guarantor Printed Name Title

\_\_\_\_\_  
 Date



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