

Please transmit your completed Credit Application, with pertinent attachments, to:

sales@nurnberg.com

## CREDIT CARD AUTHORIZATION & PAYMENT AGREEMENT

## **COMPANY INFO** Tax ID# Company Name Billing Address Business Phone # City State Zip Code Fax # Shipping Address (if different from above) City State Zip Purchaser Phone # Purchaser E-Mail Purchaser Name Card Holder Name (if different than Purchaser) Title Card Holder Phone #1 Credit Card Billing Address Card Holder Phone #2 City Card Holder E-mail State Zip Code Please also complete the following: TAX STATUS Please check the accurate statement regarding your organization's Sales Tax Exemption: ☐ NOT TAX EXEMPT. ☐ EXEMPT; a copy of our current Exemption Certificate/Reseller's Permit is attached. My signature, below, authorizes Scientific Distributors LLC dba Nurnberg Scientific, to use the credit card data provided by me as payment for goods &/or services purchased on behalf of the company listed above: Signed: \_\_\_\_\_ Card-Holder's Signature Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_