CONFIDENTIAL CREDIT INFORMATION
NEW ACCOUNT APPLICATION

LOCATION	RETURN COMPLETED FORM TO:
☒ Harper Corporation of America / Charlotte NC HarperScientific.com ☐ Harper Corporation of America / DePere WI	Harper Corporation of America 11625 Steele Creek Road ◆ PO Box 410369 ◆ Charlotte NC 28273 800-438-3111 ◆ 704-588-3371◆ Fax: 704-588-4643 Attn: Accounting Department
FEDERAL TAX I.D.	**STATE RESALE/MANUFACTURERS CERTIFICATE (ATTACH COPY*)**

***NOTICE:** In accordance with the provisions of the State of Sales & Use Tax Act we are required to collect tax on sales of taxable property or services unless the purchaser gives us a properly completed Resale certificate or Exemption certificate.

BILLING ADDRESS	SHIPPING ADDRESS
Company Name:	**Company Name:**
Address:	**Address:**
City/State or Country/Zip **County**	**City/State or Country/ Zip** **County**
Accounting Contact (Name/Phone Number/Fax/ Email)	**Shipping Contact (Name/Phone Number/Fax/ Email)**

OWNER / PRINCIPAL **TITLE**	**INCORPORATED** ☐ **PARTNERSHIP** ☐ **SOLE PROPRIETORSHIP** ☐ **OTHER:**	**TYPE OF BUSINESS:**
ESTIMATED SALES VOLUME:	**OPENING ORDER AMOUNT:**	**CREDIT LINE REQUESTED:**

REFERENCE INFORMATION

FINANCIAL STATEMENT ATTACHED?
YES ☐

BANK REFERENCE: **CONTACT** **ACCOUNT #:**

BANK ADDRESS: **CITY/STATE/ZIP** **PHONE: ( )**

FAX: ( )

TRADE REFERENCES	MAILING ADDRESS	CITY	STATE	ZIP	TELEPHONE	FACSIMILE
1.						
2.						
3.						
4.						

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Harper Corporation of America to investigate the references listed pertaining to my/our credit and financial responsibility and authorize my/our bank to release the information requested in conjunction with establishing this credit.

*Applicants signature attests The Company's financial responsibility and willingness to pay our invoices in accordance with set terms. Harper's payment terms are Net 30 days from invoice date. Any exception must have written authorization from Harper Corporation of America.

FIRM NAME: _____ **BY:** _____ **DATE:** _____
(Title)

TO BE COMPLETED BY CUSTOMER SERVICE REPRESENTATIVE OR TECHNICAL ACCOUNT MANAGER

CUSTOMER #	SALES TERRITORY:	CUSTOMER SERVICE REP.	DATE

TO BE COMPLETED BY CREDIT DEPARTMENT:

TERMS	CREDIT LIMIT	APPROVED BY:	DATE: