Business Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:	
Legal Form Under Which Business Operates:		
Corporation ☐	Partnership ☐	Proprietorship ☐
If applicable, Date of Incorporation:	State of Incorporation:	
Tax ID or SS #:	D & B #:	
If Division/Subsidiary, Name of Parent Company:	In Business Since:	
Name of Company Principal Responsible for Business Transactions:	Title:	
Address: City:	State: ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:	Title:	
Address: City:	State: ZIP:	Phone:

Remittance Information

Business Name:			
Address:	City:	State:	ZIP:
Phone:	Fax:	Email:	
Contact Person:			

Purchasing Information

Tax exempt: Yes or No (circle one) If YES, enter Certificate Number and attach signed certificate:		
Credit limit requested:	Amount Approved:	(for office use only)
If you wish to pay by credit card, please provide information below:		
Type of card:	Name on the card:	
Card Number:	Exp. Date:	CMV:
Shipping Method:	UPS or FedEx Account #	

Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

Trade References (Do not list credit cards)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Email:	Email:	Email:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

1. Payments – Payment terms are indicated on each billing invoice. A 1% Per Month Late Charge (12% per annum) will be assessed on past due invoices.
2. Collection costs – If it becomes necessary to forward your account to a collection agency or attorney for collection, applicant agrees to pay all collection costs, including reasonable attorney fees, as well as the balance due at the time of placement.
3. Applicant hereby authorizes fee depository and lending banks or other institutions to disclose any and all information requested by Neta Scientific or subsidiary companies for the purpose of pursuing its credit investigation of this company.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Neta supplies can be limited for trade sale or resale to certain geographic area. The product line limitations will be communicated with the completed application. By initially here, said customer above agrees to not sell or resell outside of these geographic areas if applicable.

Intials: _____

Print Name: _____ Title: _____

Signed by: _____ Date: _____

Neta Scientific Inc.
6 Eves Dr.
Marlton NJ 08053

Phone	**609-265-8210**
Fax	**609-265-8213**
Email	**sales@netascientific.com**
Web	**www.netascientific.com**

(If Applicable please fill out) RESALE CERTIFICATE

(State and Local Taxing Jurisdiction)

TO: *Neta Scientific*
6 Eves Dr.
Marlton NJ
08053

Date: _____

The undersigned certifies that purchases listed below of tangible personal property
purchased from the vendor named above for delivery in the above taxing jurisdiction
are for resale or exempt from sales and use tax for the following reasons:

_____

_____

The merchandise or services being herein purchased are described as follows:

_____

_____

This certificate shall continue in force until revoked in writing and shall be considered a
part of each order unless the order specifies the purchase is subject to a "tax-taxable".
If the material purchased is later used by the buyer for a purpose which makes the
purchase of such material taxable, the buyer agrees to pay the tax directly to the taxing
Authority.

_____

State Registration/Tax Exemption
Number

_____

Name of Purchaser

By:

_____

Title

_____

Address of Purchaser

(for Neta use only) Co. Name:	Acct No.:

Neta Scientific Inc.
6 Eves Dr.
Marlton NJ 08053

Phone   609-265-8210
Fax   609-265-8213
Email   sales@netascientific.com
Web   www.netascientific.com