



Empire Scale Corporation

DBA Niagara Scientific Products / Precision Scale & Balance

140 Rotech Dr., Lancaster, NY 14086 | P: 855-677-4522 | F: 716-759-3931

Business Credit Application

Credit cannot be issued unless this form is completed, signed and returned to Niagara Scientific Products. Submit credit applications to accounting@niagarasci.com or to the fax number listed above.

Applicant Information			
Last:	First:	Middle Initial:	Title:
Name of Business:			Tax ID Number:
Address:			
City/State/ZIP:		Phone:	

Company Information			
Type of Business:			
Corporation	Partnership	Proprietorship	Other (specify)
In Business Since:		Annual Purchase Estimate:	
Billing Address (if different from above):			
Billing City/State/ZIP:		Billing Phone:	
Tax Exempt: Yes No * If yes, please include your exempt certificate			
A/P Email Address:			
A/P Contact Name		A/P Contact Phone:	
Do you require a purchase order? Yes No			
* If yes: Contact authorized to issue POs: _____			
Email: _____			
Phone: _____			

Continue to bank and trade references on page 2

FOR OFFICE USE ONLY

Customer No.:	Approved By:
Date:	

Bank Reference				
Institution Name:		Contact Name:		
Email:		Phone:		
Address:		City/State/ZIP:		
Account #: _____	Account Type:	Checking	Savings	Loan
Account #: _____	Account Type:	Checking	Savings	Loan
Account #: _____	Account Type:	Checking	Savings	Loan

Trade References	
Company Name:	Account Open Since:
Credit Limit:	Current Balance:
Address:	City/State/ZIP:
Contact Name:	Email:
Phone:	Fax:
Company Name:	Account Open Since:
Credit Limit:	Current Balance:
Address:	City/State/ZIP:
Contact Name:	Email:
Phone:	Fax:
Company Name:	Account Open Since:
Credit Limit:	Current Balance:
Address:	City/State/ZIP:
Contact Name:	Email:
Phone:	Fax:

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. I authorize Niagara Scientific Products to contact any or all of the banks and businesses described above to verify the information contained herein. Furthermore, I hereby authorize the release of credit information by the bank references and trade references listed in this application.

I, the undersigned, hereby apply for standard open account terms of net 30 prompt, though different payment terms may be set by Niagara Scientific Products at their discretion. If credit is issued, it is hereby agreed to meet the payment terms of Niagara Scientific Products as stated on their invoices and statements or be subject to interest charges of 18% per annum on overdue balances. In the event of default, all expenses of collection, including reasonable attorney fees, shall be paid by my company. I represent and warrant that I have the authority to sign for my company.

Signature: _____

Date: _____