

New Customer Application

Company Information

Company Name: _____

Type of Entity: _____

*If corporation, list name: _____

Ex: Corporation, LLC, Partnership, Sole Proprieter, Other (explain)*

Years in Business: _____ # of Employees: _____ Annual Revenue: _____

Annual Chemical & Lab Supply Purchases: _____

Federal Tax ID (EIN): _____ Exempt from sales tax? Yes No

Please send copy of exemption form, otherwise you may be subject to state sales tax.

Please select your industry from the list below:

Chemicals

Government

Life Sciences

Plating

Extractions

Industrial

Materials

Reseller

Food

Laboratory

Paper

Other: _____

Please let us know how you found us:

Google Search

Distributor's Website

TCP Analytical Group

Google Ad

Email or Social Media

Word of Mouth

Thomasnet.com

Existing Customer

Other: _____

Contact Information

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Email Order Acknowledgments to (Name, email): _____

Email Shipping Confirmations to (Name, email): _____

Email Product Documents to (Name, email): _____

Billing & Shipping Information

Bill to Address: _____ Ship to Address: _____

Ship to Name: _____ Phone # for Ship to Address: _____

Shipper: _____ Account Number: _____

If you have multiple shipping addresses, please submit a list with this form. Reagents DOES NOT ship to residential addresses.

Shipping is normally prepaid by Reagents and added to your invoice. If you would prefer to have products shipped collect and charged to your account, please include the shipper and account information here. **NOTE: Be advised that products shipped collect are the responsibility of the customer once they leave Reagents. All damage claims must be filed by the customer. Invoices remain due and payable.**



Part of TCP Analytical Group

PO Box 788
Belmont, NC 28012
800-732-8484
www.reagents.com

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Accounts Payable Information (Required)

Name: _____ Title: _____
Phone: _____ Email: _____
Email Invoices to: _____ Email Account Statements to: _____

Credit Card Information

First shipments must be charged to a credit card. Card will be charged at shipment. Fill out card info here, call 800-732-8484 with info, or place order online. Customers with terms are net thirty (30) days from invoice date.

Name on Card: _____ Card Type: _____
We accept Visa, MasterCard, and American Express

Card #: _____ Exp. Date: _____

Should all future purchases be charged against the card number above? Yes No

Trade References

Please provide three complete references. You may skip this if already paying by credit card.

Company: _____	Contact Name: _____
Address: _____	Phone: _____
Company: _____	Contact Name: _____
Address: _____	Phone: _____
Company: _____	Contact Name: _____
Address: _____	Phone: _____

Banking Information

Bank: _____ Contact Name: _____
Address: _____ Phone: _____

Signature: _____ Title: _____ Date: _____

By entering your name above, you agree that your electronic signature is legal equivalent of your written signature on this form.

Please return the completed form to orders@tcpanalytical.com and allow up to 3 business days for your registration to be processed. If approved, you will receive a confirmation email with your new account information.

To order, please submit PO's to orders@tcpanalytical.com or order online at www.reagents.com.