



The Jackson Laboratory
 610 Main Street
 Bar Harbor, ME 04609 USA

CREDIT APPLICATION

FOR ORGANIZATIONS PAYING FOR PRODUCTS & SERVICES FROM THE JACKSON LABORATORY

SECTION 1: CUSTOMER STATUS

Does your organization currently purchase laboratory mice, products or services from The Jackson Laboratory?
 Yes (if seeking same payment terms, please only complete sections 2A and 7) No Unknown

SECTION 2A: BASIC CONTACT INFORMATION FOR PAYING ORGANIZATION

Name of Contact person:

Title of Contact person:

Organization name:

Contact Telephone:

Fax:

E-mail:

Preferred Payment Terms: Credit Card Net 30 Prepay

SECTION 2B: ADDITIONAL CONTACT INFORMATION FOR PAYING ORGANIZATION

Registered organization address:

City:

State:

ZIP/Postal Code:

Country:

DUNS (D&B) #:

Date Started (if less than 3 years, need date, source & funding amount):

SECTION 3: STATUS OF PAYING ORGANIZATION

Please indicate the status of your organization by checking all appropriate boxes:

Non-profit organization. My organization's tax exempt number is:

Please include a copy of your exemption certificate when submitting this application.

For-profit organization. My organization's re-sale certificate number (if applicable) is:

Sole proprietorship

Partnership

Corporation

Other (*please describe*):

SECTIONS 4 & 5 ARE REQUIRED ONLY FOR CUSTOMERS SEEKING NET 30 TERMS FOR CREDIT CARD PAYMENT TERMS, PLEASE SKIP TO SECTION 7

SECTION 4: CREDIT INFORMATION FOR PAYING ORGANIZATION

Paying organization's address:

City:

State:

ZIP/Postal Code:

How long at current address?

Tel:

Fax:

E-mail:

Bank name:

Bank address:

Telephone:

Fax:

City:

State:

ZIP/Postal Code:

Type of account (please check all that apply and provide account numbers)

Savings; account number:

Checking; account number:

Other; account number:

SECTION 5: TRADE REFERENCES FOR THE PAYING ORGANIZATION (PLEASE LIST 3 COMPANIES FROM THE UNITED STATES)

Organization name for first reference:

Address:

City:

State:

ZIP/Postal Code:

Country:

Tel:

Fax:

E-mail:

Type of account & number:

SECTION 5 CONTINUED

Organization name for second reference:		
Address:		
City:		
Country:		
Tel:		
Type of account & number:		
Organization name for third reference:		
Address:		
City:	State:	ZIP/Postal Code:
Country:		
Tel:	Fax:	E-mail:
Type of account:		

SECTION 6: AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By signing and submitting this application, you authorize The Jackson Laboratory to make inquiries into the banking and trade references that you have supplied and also you attest that the information provided within this form is true and accurate.

SECTION 7: SIGNATURES

For new customer, this application must be signed by a person who is authorized to sign for the bank/credit card account(s) for your organization.

Signature:	Signature:
Title:	Title:
Date:	Date:

Sending Primary Account Numbers (PANs) For Credit Card or Banking Accounts Via Email is Not Secure

Transmit of Customer Credit Card and/or Banking Primary Account Numbers (PAN) Policy

It is the policy of the Jackson Laboratory that customers DO NOT transmit 16 digit credit card and/or banking primary account numbers (PANs) via unsecured modes. This requires all Jackson Laboratory customers (domestic and international) to transmit credit card and banking information by one of these two secure modes only:

1. Phone call to a Jackson Laboratory Customer Service Representative; 1-800-422-6423
2. Fax to Secure Number; 207-288-6980

If you have questions or concerns regarding this policy please call 1-800-422-6423 (US, Canada, Puerto Rico) or 207-288-1411 (International)