

## CREDIT APPLICATION

**FOR ORGANIZATIONS PAYING FOR PRODUCTS & SERVICES FROM THE JACKSON LABORATORY**

**PLEASE EMAIL COMPLETED FORM TO [AR.NOTIFICATIONS@JAX.ORG](mailto:AR.NOTIFICATIONS@JAX.ORG)**

### SECTION 1: CUSTOMER STATUS

Does your organization currently purchase laboratory mice, products or services from The Jackson Laboratory?  
 Yes (if yes, 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\*    Prepay    Net 30 – Additional information may be required for net 30 terms.  
 \*Do not include credit card information with this application. Either call 1-207-288-1411 or fax 1-207-288-6130

### SECTION 2B: ADDITIONAL CONTACT INFORMATION FOR PAYING ORGANIZATION

Registered organization address:

City:

Postal Code:

Country:

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.

For-profit organization.

Sole proprietorship

Partnership

Corporation

Other (*please describe*):

### 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 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: