

**APPLICATION FOR A BUSINESS ACCOUNT WITH DHARMACON, INC.
(PLEASE PRINT CLEARLY AND COMPLETE ALL OF THE FOLLOWING)**

Email to: ar.dharmacon@horizondiscovery.com

Pour une demande de credit en français, veuillez visiter le <http://dharmacon.gelifesciences.com/ordering-forms/>

BUSINESS CONTACT INFORMATION

Legal/Registered Company name:

Phone:

Fax:

E-mail:

Company address:

City:

State:

ZIP Code:

Related Entities/Affiliations:

Years in business:

Annual Revenue:

Number employees:

Type of Business: Non-Profit LLC Sole proprietorship

Federal ID (FEIN):

Partnership Corporation LLP Other _____

DUNS:

BUSINESS INFORMATION

Primary business address:

City:

State:

ZIP Code:

Sales Tax Exempt? (If yes, please attach a copy of the Sales Tax Exemption/Re-Sale Certificate)

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

BUSINESS REFERENCES

Company Name:

Contact Name:

Phone:

Company Name:

Contact Name:

Phone:

Other

Contact Name:

Phone:

OWNER / GUARANTOR INFORMATION

Name:

Home Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Social Security Number:

Ownership%:

Years Licensed:

Name:		
Home Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Social Security Number:	Ownership%:	Years Licensed:
AGREEMENT		
<p>1. All invoices are to be paid per the terms set forth in the sales quote.</p> <p>2. Applicant hereby authorizes the release of business and/or personal information to (1) Dharmacon, Inc., its successors and assigns, from any source including credit bureau reporting agencies and Applicant's bank for the purpose of extending credit. Applicant hereby certifies that all information contained in this application and authorization are true and complete. A photostatic or facsimile copy of this application and authorization shall be valid as the original. Signer represents and warrants that he or she is authorized to execute this authorization and release regarding credit information on behalf of the applicant.</p> <p>3. Authorization to Obtain Consumer Credit Report: By signing below, each undersigned individual, who is either a principal of Applicant or a personal guarantor of its obligations, provides written authorization to Dharmacon, Inc. or its designee (and assignee or potential assignee thereof) to request and review his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.</p>		
SIGNATURES		
Title:	Title:	
Date:	Date:	
Sales Rep Name:	Amount of sale: \$	