avantor™ delivered by VWR™

Credit Application Form

If you plan on ordering from VWR via purchase orders, please complete the attached credit application and have an Officer of your company sign & date the application. **Also, please provide the most recent audited financial statements to expedite your request.**

For New Account Setup:
Email Credit Application to VWR at **globalrisk.department@avantorsciences.com**
Please Check: ☐ New Customer ☐ Existing Customer, Provide Acct #: _____

Company Name: _____
Address: _____
City, State, Zip: _____
County: _____
Years at Address: _____
Phone: _____
Purchasing Agent: _____
Accts. Payable Contact: _____

Shipping Address (If different from Company Address):
Contact Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Are there additional shipping locations? ☐ Yes ☐ No
_____
_____

Type of Business (Check all that apply):

☐ Biotechnology ☐ Beverage ☐ Chemical ☐ Clinical/Hospital ☐ Distributor/Reseller ☐ Electronic
☐ Emergency Facililty ☐ Educational ☐ Environmental ☐ Exporter ☐ Food ☐ Industrial
☐ Lab/Research ☐ Manufacturing ☐ Medical Device ☐ Pharmaceutical Testing ☐ Other: _____

Start up (If Yes) Please specify the Type of Business _____ SIC or NAICS code: _____
Description of Business/Industry: _____ **Government:** ☐ Local ☐ State ☐ Federal **Tax Status:** ☐ Exempt ☐ Non-Exempt (if exempt please include tax certificate)

Corporate Status:
State of Incorporation: _____
Date of Incorporation: _____
Business Start Date: _____
Number of Employees: _____
Company filed bankruptcy in the last seven years: ☐ No ☐ Yes

Type of Business:
☐ Proprietorship ☐ Partnership ☐ LLC ☐ Corporation
Publicly Traded: ☐ No ☐ Yes If yes, symbol: _____
Name: _____
Title: _____

Estimated Total Monthly Purchases (Required):
☐ Less than $10,000 ☐ Between $10,000-$25,000 ☐ Greater than $25,000
Estimated start up order amount: $ _____
Expected date of start up order: _____

Funding Information:
Loan, grant, venture capital or credit information, if applicable:
Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Amount committed: _____

Bank Reference: Required Authorization for Bank Reference: *(Bank & Credit References are only a supplementary data in the credit review process)*
Name: _____
Contact Name: _____
Phone: _____ Email: _____ Fax: _____
Address: _____
City, State, Zip: _____
Checking Account # : _____
Line of Credit Account #: _____
Loan Account #: _____
☐ Secured ☐ Unsecured

The above information is being submitted for the purpose of allowing VWR to assess and/or continue to assess credit on the undersigned account. The undersigned hereby represents and warrants that the information contained herein, or submitted in connection herewith, is true and complete as the date hereof. We hereby authorize VWR International, LLC to contact and investigate the references to release the requested information. The undersigned hereby agrees to remit payment within the terms specified on the face of the invoice. If payment is not received when due, the undersigned also agrees to pay a monthly service charge equal to one and a half percent of the maximum amount allowable under state law, of the unpaid delinquent balance until the amount is paid in full. If the account is placed for collection, the company agrees to pay all costs and expenses of collection, including attorney fees and expenses.

Date: _____ **Printed Name:** _____
Title: _____ **Signature:** _____