

ACCOUNT SETUP FORM

Customer Name: _____

Primary Contact: _____ E-mail : _____

Address: _____

Doing Business As: _____ Parent Company (If Any): _____

Years in Business: _____ Line of Business: _____

___ Government Agency ___ Public Corporation ___ Subsidiary ___ Sole Proprietor ___ Joint Venture ___ Private Corp.

___ Partnership ___ Other: _____

Phone: _____ FAX: _____

Duns Number: _____ TIN or S.S.: _____

Officers or Partners: Name: _____ Name: _____

Name: _____ Name: _____

*Accounts Payable Contact: _____ Phone: _____

1. Bank Name: _____ Bank Officer: _____

Address: _____

Phone: _____ FAX: _____ Acct. No.: _____

2. Bank Name: _____ Bank Officer: _____

Address: _____

Phone: _____ FAX: _____ Acct. No.: _____

Trade References: (Please Provide U.S. Suppliers if Available.)

1. Name: _____

Address: _____

Phone: _____ FAX: _____ Acct. No.: _____

2. Name: _____

Address: _____

Phone: _____ FAX: _____ Acct. No.: _____

3. Name: _____

Address: _____

Phone: _____ FAX: _____ Acct. No.: _____

We agree to pay within Continental Analytical Services, Inc.'s terms which are Net 30 days from date of invoice.

We understand that Net 30 day terms are subject to credit approval by Continental Analytical Services, Inc..