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 Valley View, Ohio 44125
 Ph: 216-447-1550/800-497-6752
 Fax: 216-447-3835
 Web: www.nslanalytical.com

CREDIT INFORMATION

BUSINESS CONTACT INFORMATION

| | | | | | | | |
|---|--|--------|--|---------|--|--|--|
| Company name: | | | | | | | |
| DBA: | | | | | | | |
| Requestor Name: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | Zip: | | | |
| Phone: | | Fax: | | E-mail: | | | |
| Accounts Payable Contact Name: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | Zip : | | | |
| Phone: | | Fax: | | E-mail: | | | |
| Purchasing Contact Name: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | Zip: | | | |
| Phone: | | Fax: | | E-mail: | | | |
| Invoices should be mailed to: | | | | | | | |
| Company name: (if different from above) | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | Zip: | | | |
| Attn: | | | | | | | |

COMPANY AND PAYMENT INFORMATION

| | | | |
|---|--|------------|--|
| How long has your company been in business? | | D&B Number | |
| Would you like to pay by credit card? We accept Visa, Mastercard or American Express. | | Yes/No | |
| If yes, please indicate who we should contact for the credit card number and expiration date. | | | |
| Are Purchase Orders Required? | | Yes/No | |
| Are Blanket Purchase Orders Issued? | | Yes/No | |
| Is a requisition or similar number required in addition to a blanket Purchase Order Number? | | | |

NSL Payment Terms: Net 30

Does your company have any other special invoicing requirements or billing systems we should be aware of? Please explain.

Is there any conflict in your company's payment policy that could delay payment to NSL beyond the Net 30 days terms? Please explain.

SEND THE COMPLETED FORM TO ACCOUNTING VIA
 EMAIL AT LSCHULTE@NSLANALYTICAL.COM OR
 FAX TO 216-447-3835.
 PLEASE BE ADVISED THAT WORK MAY BE PUT ON HOLD UNTIL ALL NECESSARY INFORMATION IS RECEIVED.
 THANK YOU FOR YOUR BUSINESS!!!