

IDEX Health and Science

NEW CUSTOMER APPLICATION

Return by email to your IDEX H&S Group Salesperson/Representative

I. COMPANY INFORMATION

Applicant/Company Name: _____	Parent Company: _____
Bill-to-Address: _____ _____ _____ Attn: _____ Tel#: _____ Fax# _____	Ship-to-Address: _____ _____ _____ Attn: _____ Tel#: _____ Fax#: _____

System-generated invoices should be emailed/faxed to: _____

Please check below for any that apply:

1 PDF per Invoice

Multiple Invoices per PDF

Do Not Send Invoices

System-generated order acknowledgements should be emailed/faxed to: _____

CONTACTS:

Accounts Payable - Name: _____	Email: _____
Telephone #: _____	Fax#: _____
Accounting Manager - Name: _____	Email: _____
Telephone #: _____	Fax#: _____
Purchasing Manager - Name: _____	Email: _____
Telephone #: _____	Fax#: _____
President - Name: _____	Email: _____
Telephone #: _____	Fax#: _____

BUSINESS DESCRIPTION:

Year Established: _____	Public Co or Privately Held? _____ (If public please attach copy of annual report and most recent 10K)
Type of Business:	<input type="checkbox"/> OEM <input type="checkbox"/> Distributor
<input type="checkbox"/> End User	<input type="checkbox"/> Other _____
Form of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____

PREFERRED SHIPPING:

Choose Shipping Method: UPS Fedex DHL Other _____

List account # of preferred shipping vendor: _____

TAXES:

Is Merchandise for resale? Yes No If yes please attach copy of Exemption Certificate

Local Tax ID#: _____

II. CREDIT INFORMATION

(Please attach last 2 years financial statements)

Dun & Bradstreet #: _____

Are your financial statements audited? Yes No

BANK INFORMATION:

Bank Name: _____ **Account #:** _____

Bank Address: _____
Bank Telephone #: _____ **Bank Fax #:** _____
Bank Contact Name: _____ **Bank Contact Phone #:** _____

TRADE REFERENCES

(minimum of 3 required - if you have a printed trade reference sheet please attach in lieu of completing this section)

U.S. Trade References Preferred

Company: _____	Contact: _____
Address: _____	Phone: _____
_____	Fax: _____
_____	Email: _____
Company: _____	Contact: _____
Address: _____	Phone: _____
_____	Fax: _____
_____	Email: _____
Company: _____	Contact: _____
Address: _____	Phone: _____
_____	Fax: _____
_____	Email: _____
Company: _____	Contact: _____
Address: _____	Phone: _____
_____	Fax: _____
_____	Email: _____

CREDIT LIMIT

Customer Requested Credit \$ _____

PAYMENT

Terms of payment are either 1) Net 30 - Payment is due 30 days from invoice date, 2) Prepaid - Payment must be processed before shipment, 3) Credit Card - Card will be pre-authorized at time of order and final charge will be done at time of shipment.
 Expected form of payment: (you will pay us via)

Check
 Wire Transfer
 Credit Card
 Other: _____

III. ACKNOWLEDGEMENT AND AUTHORIZATIONS

Orders will be subject to Terms and Conditions as shown on the latest edition of IDEX Health and Science's "Standard Terms and Conditions of Sales", unless otherwise noted on specific Sales Order Acknowledgements from IDEX Health and Science or its affiliates.

ACKNOWLEDGEMENT OF EXPORT COMPLIANCE:

Please review and acknowledge your agreement to U.S. Export Regulations by initialing below:

Products and related technical information, data, documents and materials are subject to export controls under U.S. Export Administration Regulations and U.S. Department of the Treasury embargo regulations. If Purchaser exports any Products or related technical information, data, documents or materials, Purchaser (i) shall be the U.S. Principal Party in interest, (ii) shall comply with all such export controls, (iii) shall fully cooperate with Seller in any official or unofficial investigation, audit or inspection that relates to any of such controls, and (iv) shall not export, re-export, divert or transfer, directly or indirectly, any Products or related technical information, data, documents or materials to any party or destination or for any use that is subject to an embargo or otherwise prohibited pursuant to such controls, unless and until Purchaser obtains all required U.S. governmental and regulatory approval, authorizations and licenses.

Agreed: _____ (initial here)

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I authorize IDEX Corporation, IDEX Health and Science and its affiliates to contact the above credit references. I further authorize those parties to release information as it pertains to the credit worthiness of the applicant organization of which I am an officer.

PRINTED NAME OF SIGNATOR: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____ **DATE:** _____