

New Account Registration Form

Company Name: _____

Nature of Business: _____

Years in Business: ____ Number of Employees: ____ Annual Revenue: _____

Requested Credit Limit: _____ Annual Chemical & Lab Supply Purchases: _____

Type of Entity: _____ Example: Corporation*, LLC, Partnership, Sole Proprietor. If other, explain.

*If corporation, list name of incorporation: _____

Federal Tax ID (EIN): _____ Exempt from sales tax? YES NO

Send copy of exemption form, otherwise you may be subject to state sales tax.

Ship to Address: _____

Residential? YES NO Main phone for this address: _____

If company has multiple shipping addresses, please attach list.

Billing Address: _____

Email Order Acknowledgment to: _____

Email Shipping Confirmations to: _____

Email Invoices to (required): _____

Contact Name: _____

Phone: _____

Title: _____

Fax: _____

Email Address: _____

Accounts Payable Information (Required):

Name: _____

Title: _____

Phone: _____

Email Address: _____

Shipping Information:

Shipper: _____

Account Number: _____

Shipping is normally prepaid by Reagents and added to your invoice. If you would prefer to have products shipped collect and charged to your account, please include the shipper and account information here. **NOTE: Be advised that products shipped collect are the responsibility of the customer once they leave Reagents. All damage claims must be filed by the customer. Invoices remain due and payable.**

Credit Card Information:

First shipments must be charged to a credit card. Fill out here, or call 800-732-8484 with info, or place order online.

Name on Card: _____

Type of Card: _____

We accept Visa, MasterCard, American Express, & Discover

Card Number: _____

Expires: _____

Should all future purchases be charged against the card number above? YES NO

Terms of payment are net thirty (30) days from invoice date

Signature By entering your name above, you agree that your electronic signature is legal equivalent of your written signature on this form.

Title

Date

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Trade References

Please provide three (3) complete references. You may skip this if always paying by credit card.

Company: _____
Contact: _____
Address: _____

Phone: _____
Fax: _____

Company: _____
Contact: _____
Address: _____

Phone: _____
Fax: _____

Company: _____
Contact: _____
Address: _____

Phone: _____
Fax: _____

Banking Information

Bank: _____
Contact: _____
Address: _____

Phone: _____
Fax: _____

Please return the completed form to orders@reagents.com and allow up to 3 business days for your registration to be processed. If approved, you will receive a confirmation email with your new account information.



Thank you for choosing Reagents!

We have been a leading manufacturer and distributor of specialty chemicals, reagents, and analytical testing solutions for almost 50 years. With the customer as our primary focus, we strive to earn your business every day by delivering outstanding customer service, technical support, and stringent quality standards. Reagents provides a broad portfolio of world class brands manufactured utilizing the highest quality raw materials meeting or exceeding specifications established by the American Chemical Society. In the laboratory or on the production floor, our diverse product portfolio allows consolidation of all of your scientific product needs.