



Empire Scale Corporation

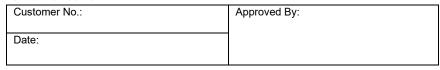
DBA Precision Scale & Balance / Niagara Scientific Products

140 Rotech Dr., Lancaster, NY 14086 | P: 800-634-3008 | F: 716-759-3931

Business Credit Application

Credit cannot be issued unless this form is completed, signed and returned to Precision Scale and Balance. Submit credit applications to **accounting@scaleandbalance.com** or to the fax number listed above.

_ast:	First:	Midd	le Initial:	Title:			
	5	····aa.					
Name of Business:				Tax ID Number:			
Address:							
City/State/ZIP:				Phone:			
Company Informa	ation						
Type of Business:							
Corporation	Partnership	Proprietorship		Other (specify)			
In Business Since:			Annual Pu	ırchase Estimate:			
Billing Address (if differen	t from above):						
Billing City/State/ZIP:			Billing Phone:				
Tax Exempt: Yes	No * If yes, please inclu	ude your exempt certificate					
A/P Email Address:							
A/P Contact Name				A/P Contact Phone:			
Do you require a purchase	e order? Yes No						
* If yes: Contact authori	zed to issue POs:						
Email:							





Bank Reference									
Institution Name:			Contact Name:						
Email:	i	Phone:							
Address:		City/State	e/ZIP:						
Account #:	Account	Type:	Checking	Savings	Loan				
Account #:	Account	Туре:	Checking	Savings	Loan				
Account #:	Account	Туре:	Checking	Savings	Loan				
Trade References									
Company Name:			Account Open	Since:					
Credit Limit:			Current Balance:						
Address:			City/State/ZIP:						
Contact Name:			Email:						
Phone:			Fax:						
Company Name:			Account Open Since:						
Credit Limit:			Current Balance:						
Address:			City/State/ZIP:						
Contact Name:			Email:						
Phone:			Fax:						
Company Name:			Account Open Since:						
Credit Limit:			Current Balance:						
Address:			City/State/ZIP:						
Contact Name:			Email:						
Phone:			Fax:						
I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I authorize Precision Scale & Balance to contact any or all of the banks and businesses described above to verify the information contained herein. Furthermore, I hereby authorize the release of credit information by the bank references and trade references listed in this application.									
I, the undersigned, hereby apply for standard open account terms of net 30 prompt, though different payment terms may be set by Precision Scale & Balance at their discretion. If credit is issued, it is hereby agreed to meet the payment terms of Precision Scale & Balance as stated on their invoices and statements or be subject to interest charges of 18% per annum on overdue balances. In the event of default, all expenses of collection, including reasonable attorney fees, shall be paid by my company. I represent and warrant that I have the authority to sign for my company.									
Signature:			Date:						