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| **NEW CUSTOMER FORM (USA)** |
| **Instructions:**1. To expedite your account set-up, please respond to all the following questions.
2. Return completed form via email to purchase.orders@leica-microsystems.com
 |
| **1. Customer Information** |
| Company Name (As per Income Tax Return): |       |
| Business /Trade Name: |       |
| Street Address: |       |
| City: |       | State: |       | 9 Digit Postal Code: |       -       |
| Phone: |       | Fax: |       |
| Website: |       | County : |       |
|  | (For Sales Tax Purposes) |
| **2. Accounts Payable / Billing Contact Information** |
| Company Name: |       |
| Address: |       |
| City: |       | State: |       | 9 Digit Postal Code: |       -       |
| AP Contact Name: |       |
| Email: |       | Phone: |       |
| Invoice Delivery Method:  | [ ]  Email [ ]  Mail [ ]  EDI  |  |  |
| **3. Purchasing Contact Information** |
| Purchasing Contact Name: |       |
| Email: |       | Phone:  |       |
| Pricing Contact Update:Name:      Email:        |  | Phone: |       |
| **4. Please describe your organization by checking one in each of the following columns:** |  |
| **OWNERSHIP STRUCTURE (Select One)** |
|  |  |  |  |  |  |
| [ ]  | University/Teaching | [ ]  | Local/Regional Government | [ ]  |  Veterans Affairs  |
| [ ]  | National Government  | [ ]  | Large Corporate / Publicly Traded | [ ]  | Clinic/Health Center |
| [ ]  | Privately Owned  | [ ]  |  Distributor/Dealer | [ ]  | Specialty Clinic |
| [ ]  | Private Healthcare Group | [ ]  |  (Other) |  |   |

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| **5. Tax Information** |
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| Employer Identification Number #: |  |       |

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 |
| [ ]  Exempt |  | [ ]  | Tax Exempt Form Attached |
| If exempt, please provide your sales tax exemption or resale certification with this form.***Note: If Sales Tax Exempt Certificate is not received, you will be coded as taxable.*** | If Exempt are you: |
| [ ]  Resale[ ]  Government[ ]  Charitable/Not for Profit  |
| [ ]  Non-Tax Exempt |  |
| **6. Shipping** |
| [ ]  | **Same as Customer Information (pg. 1)** |
| Company Name: |       |
| Address: |       |
| City: |       | State: |       | 9 Digit Postal Code: |       -       |
| County (For Sales Tax Purposes): |       |  |  |
|  **Additional Shipping Locations** |
| Company Name: |       |
| Address: |       |
| City: |       | State: |       | 9 Digit Postal Code: |       -       |
| County (For Sales Tax Purposes): |       |
|  **Additional Shipping Locations** |
| Company Name: |       |
| Address: |       |
| City: |       | State: |       | 9 Digit Postal Code: |       -       |
| County (For Sales Tax Purposes): |       |
|  **Additional Shipping Locations** |
| Company Name: |       |
| Address: |       |
| City: |       | State: |       | 9 Digit Postal Code: |       -       |
| County (For Sales Tax Purposes): |       |
| **7. GPO/IDN Affiliations** |
| Are you a member of any buying groups (GPO/IDNs)? | [ ]  Yes [ ]  No |
| Please List Buying Group and include Member ID: |       |
|       |
|       |

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| **8. PAYMENT INFORMATION** |
| [ ]  | **Terms (Net 30)** |  [ ]  | **Credit Card** | [ ]  | **Other**  |
| **TERMS**: Credit Application Form below must be completed in full.**CREDIT CARD:** At the time of sale, full payment will be required, and the Credit Application section below is NOT required. |
| **CREDIT APPLICATION (USA)** |
| Dun & Bradstreet Number: |       |
| Can financial statements be made available if requested? | [ ]  Yes  | [ ]  No |
| Anticipated Monthly Purchases: |       |
| **Trade Reference 1**  |
| Name: |       | Account #:  |       |
| Address: |       |
| City: |       | State: |       | Postal Code: |       |
| Phone: |       | Fax: |       |
| Credit Contact: |       |
| **Trade Reference 2** |
| Name: |       | Account #:  |       |
| Address: |       |
| City: |       | State: |       | Postal Code: |       |
| Phone: |       | Fax: |       |
| Credit Contact: |       |
| **Trade Reference 3** |
| Name: |       | Account #:  |       |
| Address: |       |
| City: |       | State: |       | Postal Code: |       |
| Phone: |       | Fax: |       |
| Credit Contact: |       |
| **BANK REFERENCE** |
| Name: |       | Account #:  |       |
| Address: |       |
| City: |       | State: |       | Postal Code: |       |
| Phone: |       | Fax: |       |
| Credit Contact: |       |

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| **TERMS AND CONDITIONS:** |
| We declare that the above information is true, correct and complete, and is given to induce Leica Microsystems Inc to extend credit and/or open an account. We authorize Leica Microsystems Inc, to make such credit investigation as the company sees fit, including contacting the above trade references, banks and credit reporting agencies to disclose to Leica Microsystems Inc. any and all information concerning the financial and credit history of my company and myself if credit terms are being requested. Leica Microsystems Inc regular payment terms are net 30 days from the invoice date. Any changes to these terms and conditions must be in writing and approved by all parties prior to the shipment of materials. The full list of terms and conditions can be found here: <https://www.leicabiosystems.com/about/terms-and-conditions/> |

I have read the terms and conditions stated and agree to those terms and conditions.

|  |  |  |  |
| --- | --- | --- | --- |
| **PRINT NAME:**  |       | **TITLE**: |       |
| **SIGNATURE:** |  | **DATE:** |       |
| ***PLEASE NOTE:******This is an application to establish an account with Leica Microsystems, Inc.******It is not a guarantee that you will be accepted, or that an account has been established.******This application is subject to the Terms and Conditions of Leica Microsystems Inc. as stated above.*** |

**Information you may need to set up *Leica Microsystems Inc.* as a vendor in your system:**

Leica Microsystems Inc **Federal Employer Identification Number**: 22-2701363

**Send ORDERS to:**

Leica Microsystems Inc Global Healthcare Exchange

Buffalo Grove, IL 60089 GHX ID 7084 050 164

USA

Ph: 1-844-534-2262

Fax: 1-847-236-3009

purchase.orders@leica-microsystems.com

**Send CHECKS to:** **Send WIRE PAYMENTS to:** **Send ACH / EFT**

Leica Microsystems Inc Leica Microsystems Inc Leica Microsystems Inc

14008 Collection Center Drive Bank of America Bank of America

Chicago, IL 60693 540 W Madison St – 16th Floor 540 W Madison St – 16th Floor

 Chicago, IL 60661 Chicago, IL 60661

 ABA #: 026 009 593 ABA / Routing #: 0719 23 284

 Acct #: 876 521 5714 Acct #: 876 521 5714