

APPLICATION FOR CREDIT TERMS with United States Pharmacopeia

* Note: Required Fields are in **bold type**

Company Name: _____ **USP Customer#** _____
(if known)

Primary Bill-to Address: _____

DUNS #: _____ Years in Business: _____
(US) Tax Exempt #: _____ Years at Present Location: _____

Do you issue Purchase Orders (PO)?: _____ **yes** _____ **no** _____ **Anticipated Annual Purchases from USP:** _____ **(USD)**

Company's Annual SalesVolume: _____ **(USD)**

Has present firm (or principal) ever done business under other names? **yes** (names) _____
no _____

Are you a Subsidiary or Division of another company? **yes** (name) _____
no _____

Bank Reference: _____ **Account #:** _____

Address: _____ **Phone #:** _____

_____ **Contact Person:** _____

Credit References: List name, complete address, complete phone number

1 _____

2 _____

3 _____

Contact Persons - at least one required

Accounts Payable - (person responsible for payments)

Name: _____ **Title:** _____

Phone #: _____

email: _____

Purchasing Agent -

Name: _____ **Title:** _____

Phone #: _____

email: _____

I hereby certify that the information on this application is correct and permit USP to contact the references listed above to verify this information. I also agree to pay promptly in accordance with USP Payment Terms: net invoice amount due in 30 days (Net-30).

Authorized Signature: _____ **Date:** _____

Print Name: _____

Title: _____

Return to: Credit Department, USP **Fax:** 301-998-6806 **email:** jvt@usp.org
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Rockville, MD 20852