



NYSDOH 11418
NJDEP NY050
CTDOH PH-0205
PADEP 68-00573

188 Long Island Ave, Wyandanch, NY 11798 | P. 631-586-2000 | F. 631-586-9605

Please fill out ALL parts and return this form via email to: accounting@american-environmental.net
or via fax to: (631)586-9605.

Date: _____

Legal Name _____

Address _____

Phone _____ Fax _____

DUNS _____ Federal ID _____

Organization: Corporation Partnership LLC Other _____ Date Established _____

Anticipated High Credit Required \$ _____

Has Applicant or its predecessor ever filed bankruptcy? No Yes

(If yes, provide explanation on a different sheet)

Does your company require PO? No Yes

Accounts Payable Contact _____ Email _____

Phone _____ Ext _____ Fax _____

PLEASE NOTE ALL CREDIT CARD CHARGES OVER \$1000 WILL BE SUBJECTED TO A 4% FEE.

PRINCIPALS

Name _____ Title _____ SS# _____

Home Address _____ Phone _____

Name _____ Title _____ SS# _____

Home Address _____ Phone _____

BANK REFERENCE

Name of Bank _____ Account Number _____

Address _____

Contact Name _____ Phone Number _____

VENDOR REFERENCES

Supplier Name _____ Contact Name _____

Address _____

Phone _____ Fax _____ Email _____

Supplier Name _____ Contact Name _____

Address _____

Phone _____ Fax _____ Email _____

Supplier Name _____ Contact Name _____

Address _____

Phone _____ Fax _____ Email _____



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We certify that the above information is true and correct and we agree to pay this account in accordance with your standard credit terms of Net 30 days. Any deviation in payment terms must be agreed to in writing. American Analytical Laboratories, LLC is hereby given permission to provide a photocopy of this credit application as authorization to those banks and trade references that require such authorization prior to releasing credit information. We authorize you to verify this information, now or in the future, and/or obtain additional information by securing data from a credit reporting agency. We understand that all past due balances will be subject to a 1 ½ % per month service charge. We further agree to pay 30% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

Print Name of Applicant _____ Title _____

Signature of Applicant _____ Date _____

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly and individually) agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly and individually) agree to pay an additional 30% collection charge on the entire unpaid balance. The undersigned authorizes you or your authorized agent, to verify any of the above information, now or in the future, and/or obtain additional information by securing data from a credit-reporting agency.

Signed _____ Print _____

Witness _____ Date _____

Signed _____ Print _____

Witness _____ Date _____