

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 Burrell Scientific 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 Burrell Scientific. 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 412-474-2111 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 _____



300 Parkway View Drive
Pittsburgh, PA 15205
412-747-2111
www.burrellsci.com

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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 sales@burrellsci.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 Burrell Scientific!

Burrell Scientific LLC has been servicing Research, Healthcare, and Industrial Laboratories since 1917. Burrell Scientific introduced the only true Wrist Action® Shaker in the early 1940's and the product has stood the test of time. Since the 1940's the Wrist Action® Shaker has defined reliability, versatility, and efficiency of design. Its endurance proves that this product has continuously exceeded the ever changing and growing needs of laboratories worldwide. Today our shakers are operating in laboratories around the globe supporting research and development for virtually every industry including environmental and safety, textiles, cosmetics, government and education, food and beverage, chemical, medical, biotech, and pharmaceutical to name a few.