



Helping Your Science *Grow*

# NEW ACCOUNT FORM

Any vendor supplier information required for payment process **MUST** be requested before the first order is placed.

|   |  |                                |                  |   |  |   |                     |                        |
|---|--|--------------------------------|------------------|---|--|---|---------------------|------------------------|
| <b>*REQUIRED FIELD</b>  |  |                                |                  |   |  |   | <b>TERMS NET 30</b> |                        |
| <b>*FIRM NAME:</b>  |  |                                |                  | <b>*BUSINESS PHONE:</b>   |  |   |                     |                        |
| <b>*BILL TO:</b>  |  |                                | <b>*SHIP TO:</b> |   |  |   |                     |                        |
| <b>*STREET</b>  |  |                                | <b>*STREET</b>   |   |  |   |                     |                        |
| <b>*CITY</b>  |  |                                | <b>*CITY</b>     |   |  |   |                     |                        |
| <b>*STATE</b>   |  | <b>*ZIP</b>                    |                  | <b>*STATE</b>   |  |   | <b>*ZIP</b>         |                        |
| <b>The below must be filled out completely if applying for credit</b>   |  |                                |                  |   |  |   |                     |                        |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION OR BRANCH |  |                                |                  |   |  |   |                     |                        |
| PARENT COMPANY<br><small>(if applicable)</small>  |  |                                |                  | <b>*YEAR BUSINESS STARTED</b>                                     |  |   |                     |                        |
| STREET  |  |                                | CITY             |   |  | STATE   |                     | ZIP                    |
|   |  |                                |                  |   |  | Attach Copy of Sales Tax Exempt Certificate<br><small>(if applicable)</small> |                     | <b>*Attach W9 Form</b> |
| Do you or any of your affiliates have an existing Cannabis Scientific Account number? If yes, Acct. # _____   |  |                                |                  | Federal ID # _____ and/or<br><b>*Dun &amp; Bradstreet #</b> _____ |  |   |                     |                        |
| <b>ESTIMATED PURCHASES:</b>   |  |                                |                  | <b>COMPANY OFFICIALS</b>  |  |   |                     |                        |
| Yearly Purchases \$ _____   |  | <b>*Pres/Owner</b>             |                  |   |  |   |                     |                        |
| Credit Limit Requested \$ _____   |  | <b>*Treas./Controller</b>      |                  |   |  |   |                     |                        |
| Current Assets \$ _____   |  | Current Liabilities \$ _____   |                  | # Employees # _____   |  |   |                     |                        |
| Total Assets \$ _____   |  | Total Liabilities \$ _____     |                  |   |  |   |                     |                        |
| Annual Sales \$ _____   |  | After Tax Profit/Loss \$ _____ |                  |   |  |   |                     |                        |
| <b>TRADE INFORMATION</b>  |  |                                |                  |   |  |   |                     |                        |
| Bank  |  |                                | City             |   |  | State   |                     | Phone                  |
| Street  |  |                                | City             |   |  | State   |                     | Zip                    |
| <b>*Supplier</b>  |  |                                | <b>*Phone</b>    |   |  |   |                     |                        |
| Street  |  |                                | City             |   |  | State   |                     | Zip                    |
| <b>*Supplier</b>  |  |                                | <b>*Phone</b>    |   |  |   |                     |                        |
| Street  |  |                                | City             |   |  | State   |                     | Zip                    |
| <b>*Supplier</b>  |  |                                | <b>*Phone</b>    |   |  |   |                     |                        |
| Street  |  |                                | City             |   |  | State   |                     | Zip                    |
| <b>*What is your preferred method of payment?</b> <input type="checkbox"/> Electronic Funds Transfer <input type="checkbox"/> Check                           |  |                                |                  |   |  |   |                     |                        |
| <b>*How would you like to receive your invoice?</b> <input type="checkbox"/> Email or Fax _____   |  |                                |                  |   |  |   |                     |                        |
| <b>YOUR ACCOUNTS PAYABLE CONTACT INFORMATION</b>  |  |                                |                  |   |  |   |                     |                        |
| <b>*Name</b>  |  |                                | <b>*Email</b>    |   |  |   |                     |                        |
| <b>*Phone</b>   |  |                                | <b>*Fax</b>      |   |  |   |                     |                        |

**Questions? Contact: [contact@cannabissci.com](mailto:contact@cannabissci.com)**

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Signature is **REQUIRED** for all Accounts.

Are you already working with a Cannabis Scientific Sales Rep? If so, list their name here: \_\_\_\_\_

Date: \_\_\_\_\_

# CANNABIS SCIENTIFIC

## ACCOUNT USER PROFILE

We want to better assist you, our customer. To help us stay connected with you, please complete your user profile(s) below. This information will be placed into our end-user database to keep customers up-to-date on new products, suppliers and information we feel may be of interest to you. We do not share your information with third party companies.

| * REQUIRED FIELDS |  |       |          |        |      |
|-------------------|--|-------|----------|--------|------|
| *Company          |  |       | *Phone   |        |      |
| *Email            |  |       | *Website |        |      |
| *Street           |  | *City |          | *State | *Zip |
| *Industry         |  |       |          |        |      |

### Account User Profiles:

|        |  |        |  |
|--------|--|--------|--|
| *Name  |  | *Phone |  |
| *Title |  | *Email |  |

Complete Address Section if different from Company Mailing Address above

|         |  |       |  |        |  |      |  |
|---------|--|-------|--|--------|--|------|--|
| *Street |  | *City |  | *State |  | *Zip |  |
|---------|--|-------|--|--------|--|------|--|

### Account User Profiles:

|        |  |        |  |
|--------|--|--------|--|
| *Name  |  | *Phone |  |
| *Title |  | *Email |  |

Complete Address Section if different from Company Mailing Address above

|         |  |       |  |        |  |      |  |
|---------|--|-------|--|--------|--|------|--|
| *Street |  | *City |  | *State |  | *Zip |  |
|---------|--|-------|--|--------|--|------|--|

### Account User Profiles:

|        |  |        |  |
|--------|--|--------|--|
| *Name  |  | *Phone |  |
| *Title |  | *Email |  |

Complete Address Section if different from Company Mailing Address above

|         |  |       |  |        |  |      |  |
|---------|--|-------|--|--------|--|------|--|
| *Street |  | *City |  | *State |  | *Zip |  |
|---------|--|-------|--|--------|--|------|--|

### Account User Profiles:

|        |  |        |  |
|--------|--|--------|--|
| *Name  |  | *Phone |  |
| *Title |  | *Email |  |

Complete Address Section if different from Company Mailing Address above

|         |  |       |  |        |  |      |  |
|---------|--|-------|--|--------|--|------|--|
| *Street |  | *City |  | *State |  | *Zip |  |
|---------|--|-------|--|--------|--|------|--|

*Thank you for providing Cannabis Scientific with this information.  
We look forward to Helping Your Science **Grow!***