



Avantor Performance Materials, LLC
 3477 Corporate Parkway
 Center Valley, PA 18034
 U.S.A.
 Tel: 1-610-573-2600
 Fax: 1-610-573-2610
 www.avantorinc.com

AVANTOR PERFORMANCE MATERIALS
New Customer Application

Date: _____

LINE OF BUSINESS: _____

SOLD TO:

ADDRESS: _____

CITY, STATE: _____

COUNTRY _____

ZIP/POSTAL: _____

SHIP TO:

ADDRESS: _____

CITY, STATE: _____

COUNTRY _____

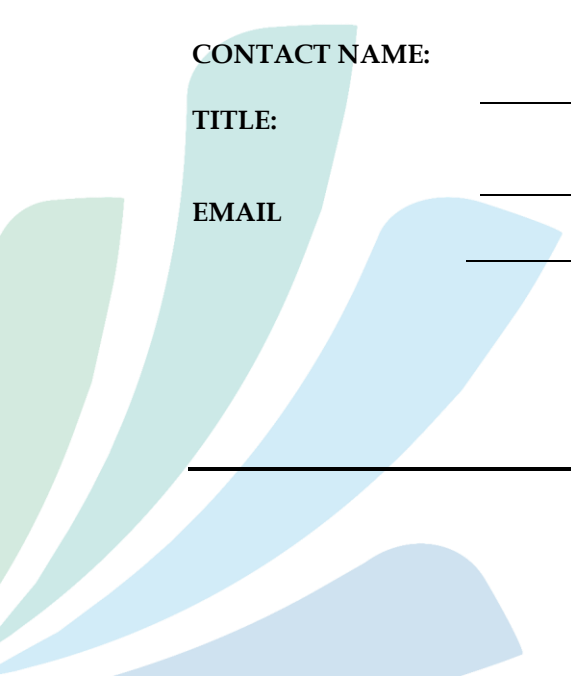
ZIP: _____

CONTACT NAME:

TITLE: _____

PHONE: _____

EMAIL _____



RESELL PRODUCT? Yes No

PRODUCT USED IN THE UNITED STATES ONLY? Yes No

EXPECTED ANNUAL PURCHASES (\$): _____

EXPECTED INITIAL PURCHASE AMOUNT (\$): _____

CREDIT APPLICATION ATTACHED? Yes No

TAX STATUS: Taxable Nontaxable If nontaxable, provide Tax Exempt Certificate #

DUNS # OF COMPANY AND/OR PARENT _____

Please fully complete and sign the credit application and email all pages to:

AR.inquiry@avantorinc.com



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CREDIT INFORMATION

BUSINESS REFERENCES: LIST MAJOR SUPPLIERS

**GIVE COMPANY NAME, COMPLETE ADDRESS, CITY, STATE, COUNTRY, POSTAL
 CODE, TELEPHONE AND FAX NUMBERS**

1.	NAME:	TEL.	
	STREET:		FAX:
	CITY, STATE, COUNTRY:		POSTAL:
	EMAIL:		
	<hr/>		
2.	NAME:	TEL.	
	STREET:		FAX:
	CITY, STATE, COUNTRY:		POSTAL:
	EMAIL:		
	<hr/>		
3.	NAME:	TEL.	
	STREET:		FAX:
	CITY, STATE, COUNTRY:		POSTAL:
	EMAIL:		
	<hr/>		
4.	NAME:	TEL.	
	STREET:		FAX:
	CITY, STATE, COUNTRY:		POSTAL:
	EMAIL:		
	<hr/>		

BANK REFERENCES:

GIVE BANK NAMES, COMPLETE ADDRESS, CITY, STATE, COUNTRY, POSTAL CODE, TELEPHONE AND FAX NUMBERS

1. NAME:	_____	TEL.	_____
STREET:	_____	FAX:	_____
CITY, STATE, COUNTRY:	_____	POSTAL:	_____
EMAIL:	_____		_____

2. NAME:	_____	TEL.	_____
STREET:	_____	FAX:	_____
CITY, STATE:	_____	POSTAL:	_____
EMAIL:	_____		_____



FINANCIAL DATA:

PLEASE ATTACH A COPY OF YOUR MOST RECENT AUDITED FINANCIAL STATEMENTS. THIS INFORMATION WILL BE HELD IN OUR STRICTEST CONFIDENCE AND WILL ONLY BE USED TO ESTABLISH A CREDIT LINE COMMENSURATE WITH YOUR PURCHASING NEEDS.

FINANCIAL STATEMENTS ATTACHED: Yes No If no, will be sent by _____
 OPERATING AS A: Corporation - Incorporated in the state of _____
 Partnership Limited Partnership Proprietorship
 WE ARE (if applicable) A: Subsidiary Division of _____
 YEARS IN BUSINESS: _____ A/P CONTACT: _____
 PHONE: _____ FAX: _____
 Email: _____

THE UNDERSIGNED, JOINTLY AND INDIVIDUALLY, CERTIFY THAT ALL INFORMATION IN THIS CREDIT APPLICATION IS COMPLETE, FACTUAL AND CORRECT, AND UNDERSTANDS THAT AVANTOR WILL RELY ON THE ACCURACY OF THE INFORMATION FOR ANY CREDIT THAT MAY BE EXTENDED. SUPPLIER IS HEREBY EXPRESSLY AUTHORIZED TO CONTACT ANY PARTIES LISTED HERIN AND TO VERIFY ANY INFORMATION CONTAINED IN THIS CREDIT APPLICATION. MY SALES REPRESENTATIVE HAS EXPLAINED AND I UNDERSTAND THE AVANTOR TERMS OF SALE.

NAME OF FIRM: _____
 ADDRESS: _____
 CITY, STATE, COUNTRY, POSTAL: _____
 AUTHORIZED SIGNATURE: _____ Date: _____
 TITLE: _____
 EMAIL: _____



Trade Compliance Details:

**Please Provide any FDA/DEA Registrations; Drug Application Numbers **, etc.
(if any details are linked to affiliates, divisions, or acquisitions, this must be disclosed and
supporting documentation provided for Trade Compliance reasons only)**

FDA Registration: _____

Food Facility Registration: _____

Drug Application Number(s): _____

Drug Listing Number(s): _____

Medical Device Listing Number(s): _____

DEA Registration(s)

(Copy's must be provided for Trade Compliance purposes)

A detailed statement of use must be provided, on your company letterhead, for each FDA Regulated FG purchased from Avantor. This Statement will be retained to support any potential importation of source/raw material in support of your future order fulfillment



