

Analytical Scientific Instruments  
425 APPIAN WAY  
EL SOBRANTE, CA 94803  
Phone: 510-669-2250 Fax: 510-223-9670

**CREDIT REFERENCES**

Please provide a minimum of three references to assist in establishing credit. If you have a printed credit reference sheet, please attach it to this form in lieu of completing this section.

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**BANK INFORMATION**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_