



New Account Setup Form

43760 Trade Center Place, Suite 100, Dulles, VA 20166 - (877) 648-9150
4501 Circle 75 Parkway, Suite A1190, Atlanta, GA 30339 - (866) 620-9313
13949 W. Colfax Ave, Suite 205, Lakewood, CO 80401 - (866) 620-9348

Fax (703) 648-9150

Company Name: _____
Address: _____

Billing Address: _____
(IF DIFFERENT FROM ABOVE)

Phone Number: _____ Fax Number: _____
Accounts Payable Contact: _____ Title: _____
Technical Contact (email): _____ Acctng Mgr. (email): _____
Type of Business: _____ Date Established: _____
Type of Entity: Proprietorship _____ Partnership _____ Corporation _____
State of Incorporation: _____ Year of Incorporation _____
Principals / Owners: _____

_____ Title: _____
_____ Title: _____

Bank Name: _____
Address: _____
Account Number: _____ Officer: _____
Phone Number: _____

Please list trade references with addresses and phone numbers:

Credit Card Payments

Card # _____ Exp _____ CID _____
Name on Card _____

The above information is provided for the purpose of extending credit to our company on your terms of net 30 days with a 1.5% finance charge accruing on unpaid balances after 30 days. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Signature: _____ Title: _____ Date: _____

Aerobiology Use: _____