



# NEW ACCOUNT FORM

INFOLAB REP NUMBER: \_\_\_\_\_



ACCOUNT NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PRINCIPAL OWNER: \_\_\_\_\_ SS# OR EIN# \_\_\_\_\_

IS YOUR SHIPPING ADDRESS LOCATED IN A RESIDENTIAL AREA? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU WISH TO BE SET UP AS A CREDIT CARD ONLY ACCOUNT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, CC #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

IS YOUR ACCOUNT TAXABLE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ TAX EXEMPTION NUMBER: \_\_\_\_\_

**PLEASE COMPLETE ALL FIELDS AND RETURN BY  
FAX TO 336-272-0518****\* TAX EXEMPTION NUMBER MUST BE PROVIDED PRIOR TO SHIPMENT OF ANY ORDERS \*****\* INFOLAB REQUIRES THAT A COPY OF YOUR TAX EXEMPTION CERTIFICATE BE FAXED OR MAILED TO US \***

A/P CONTACT: \_\_\_\_\_ A/P PHONE: \_\_\_\_\_ A/P FAX: \_\_\_\_\_

PURCHASING CONTACT: \_\_\_\_\_ PURCHASING PHONE: \_\_\_\_\_ PURCHASING FAX: \_\_\_\_\_

LAB CONTACT: \_\_\_\_\_ LAB PHONE: \_\_\_\_\_ LAB FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SHIP TO: NAME (IF DIFFERENT): \_\_\_\_\_

SHIP TO: ADDRESS (IF DIFFERENT): \_\_\_\_\_

SHIP TO: CITY/STATE/ZIP (IF DIFFERENT): \_\_\_\_\_

COUNTY: (IF DIFFERENT): \_\_\_\_\_

LAB CONTACT: \_\_\_\_\_ LAB PHONE: \_\_\_\_\_ LAB FAX: \_\_\_\_\_

CURRENT INFOLAB REPRESENTATIVE CALLING ON YOUR ACCOUNT: \_\_\_\_\_

**ACCOUNT CLASSIFICATION:**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> HOSPITAL               | <input type="checkbox"/> GROUP PRACTICE         | <input type="checkbox"/> GOVERNMENT AGENCY             |
| <input type="checkbox"/> (NUMBER OF BEDS)       | <input type="checkbox"/> SCHOOL/UNIVERSITY      | <input type="checkbox"/> HOME HEALTH AGENCY            |
| <input type="checkbox"/> REFERENCE LABORATORY   | <input type="checkbox"/> HEALTH DEPARTMENT      | <input type="checkbox"/> DIALYSIS CENTER               |
| <input type="checkbox"/> SINGLE DOCTOR'S OFFICE | <input type="checkbox"/> VET CLINIC OR HOSPITAL | <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____ |

**TRADE REFERENCES:**

PLEASE DO NOT LIST THE FOLLOWING COMPANIES AS TRADE REFERENCES. REGRETFULLY, THEY WILL NOT SUPPLY US WITH CREDIT INFORMATION: BAXTER, ALLEGIANCE, FISHER/CMS, TAYLOR MEDICAL, DUNN AND BRADSTREET, COULTER, BAYER CORPORATION, AMERICAN EXPRESS, OR ANY OTHER CREDIT CARD COMPANIES. YOU MUST PROVIDE AT LEAST FOUR (4) TRADE/CREDIT REFERENCES, PREFERABLY NON-FRANCHISE LOCAL REFERENCES.

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN INFOLAB, INC. WE LOOK FORWARD TO DOING BUSINESS WITH YOU IN THE FUTURE. OUR CORPORATE POLICY REQUIRES A TRADE REFERENCE CHECK PRIOR TO ESTABLISHING AN OPEN ACCOUNT. IF YOU SHOULD REQUIRE SUPPLIES PRIOR TO THE ESTABLISHMENT OF AN OPEN ACCOUNT, WE WILL BE HAPPY TO SHIP TO YOU ON A C.O.D. BASIS. WE ALSO ACCEPT VISA, MASTERCARD, AND AMERICAN EXPRESS PAYMENTS AFTER VERIFICATION OF YOUR CREDIT CARD INFORMATION. SHOULD YOUR OPEN ACCOUNT BE ESTABLISHED, PLEASE BE ADVISED THAT INFOLAB'S PAYMENT TERMS ARE NET 30 DAYS FROM DATE OF INVOICE. ONCE AGAIN, THANK YOU FOR YOUR INTEREST IN INFOLAB.

SIGNATURE OF PRINCIPLE OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_