



Scantibodies Laboratory, Inc.

9336 Abraham Way
Santee, California 92071, U.S.A.
☎ Phone: (619) 258-9300
☐ Fax: (619) 258-9366

NEW ACCOUNT INFORMATION WORKSHEET

PLEASE FILL IN THIS FORM COMPLETELY PUT N/A ON ALL BLANK LINES

COMPANY ACCOUNT NAME:
TRADE NAME IF DIFFERENT:

PLEASE CHECK ONE OF THE FOLLOWING

CORPORATION <input type="checkbox"/>	SOLE PROPRIETORSHIP <input type="checkbox"/>	NONPROFIT <input type="checkbox"/>	GOVERNMENT AGENCY <input type="checkbox"/>
TAX ID #:		E-MAIL ADDRESS:	

BILL TO ADDRESS:

For Companies with a California Located Facility: Are your purchases taxable? YES NO
If no, provide resale # and copy of certificate, otherwise your purchases will be taxed.

SHIP TO ADDRESS:	SHIP VIA:
	SHIPPER ACCT. NUMBER:
FOR INTERNATIONAL SHIPMENTS, PLEASE PROVIDE THE FOLLOWING INFORMATION:	
NEAREST AIRPORT FOR CUSTOMS CLEARANCE:	PREFERRED BROKER/FREIGHT FORWARDER:

ACCOUNTS PAYABLE CONTACT:		
PHONE:	FAX:	E-MAIL:

PURCHASING CONTACT NAME:		
PHONE:	FAX:	E-MAIL:

If your company is located in the state of California please provide us with a copy of your tax-exempt certificate. If we do not have one on file we are required by law to charge your account with sales tax. Thank you for your cooperation

IF YOU WOULD LIKE TO APPLY FOR CREDIT WITH SCANTIBODIES LABORATORY, INC. PLEASE SUPPLY US WITH THE FOLLOWING INFORMATION AND SIGN AT THE BOTTOM OF APPLICATION:

- 3 U.S. COMPANIES FOR CREDIT REFERENCES.
 - DUNS #
 - CREDIT LINE REQUESTED - (REQUESTS OVER \$1000 REQUIRE CREDIT REFERENCES AND APPROVAL OF SLI FINANCE DEPARTMENT.)
- \$ Scantibodies Finance Approval: _____ Date: _____
- ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO TAKE INTO CONSIDERATION WHEN DETERMINING CREDIT WORTHINESS.

THE UNDERSIGNED AUTHORIZES CREDIT INQUIRIES. I FURTHER ACKNOWLEDGE THAT ANY CREDIT PRIVILEGES MAY BE WITHDRAWN AT ANY TIME. I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE.

SIGNATURE _____ DATE _____ PRINT NAME AND TITLE _____