

## **Customer Account Creation Form**

Affirmation: Confidential

The data in this form will be stored and used exclusively for recording and account creation purpose, and are protected by laws and regulations on data privacy. Signature is required for Acceptance.

| Company Name:   |           |            |         |                | Number of Bench<br>Chemists: |
|---|-----------|------------|---------|----------------|------------------------------|
| Company Address:  |           |            |         |                | Zip Code:                    |
| Procurement Contact: Job  |           | Job Title: | E       | Email:         | Tel:                         |
| Receiving Contact:  |           |            | Email:  |                | Tel:                         |
| Shipping Address:   |           |            |         |                | Zip Code:                    |
| Billing Contact:  |           |            | Email:  |                | Tel:                         |
| Billing Address:  |           |            |         |                | Zip Code:                    |
| We accept credit card orders. Please fill in the credit card information listed below:              |           |            |         |                |                              |
| Visa MasterCard AMEX Discover Diners Club   |           |            |         |                |                              |
| Visa WasterCard Alviex Discover Differs Club  |           |            |         |                |                              |
| Credit Card Number: To eliminate number guessing(Print Only Please)                                 |           |            |         |                |                              |
|   |           |            |         |                |                              |
| Expiration Date / Card Security Code  |           |            |         |                |                              |
| Cardholder's Name Cardholder's Signature  |           |            |         |                | Date                         |
| Please describe your company's general business and the application of the reagents:                |           |            |         |                |                              |
| Areas of Interest:  Building Blocks  Industrial-scale Product  Technical Service (Multiple choices) |           |            |         |                |                              |
| DECLARATION & SIGNATURE   |           |            |         |                |                              |
| I DECLARE THAT ALL INFORMATION PROVIDED ARE ACCURATE AND FULLY REFLECT OF TRUTH.                    |           |            |         |                |                              |
| SIGNED BY:  |           |            | DATE:   |                |                              |
| Accela ChemBio Internal Use Only  |           |            |         |                |                              |
| Date Received:  | Industry: |            | Status: | Approved Date: | Approved By:                 |
| THANK YOU FOR YOUR COO  | PERATION  |            |         |                |                              |
|   |           |            |         |                |                              |