



ADVANCEDLABSINC.COM

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CREDIT APPLICATION FORM

Number of Years in Business \_\_\_\_\_

Expected Monthly Testing Amount \$ \_\_\_\_\_

Type of Business:

Sole Proprietor [ ]

Corporation [ ]

Partnership [ ]

LLC [ ]

Business Name \_\_\_\_\_

Billing Address \_\_\_\_\_

A/P Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

FOR SAMPLE PICKUP ONLY

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

TRADE REFERENCE 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

TRADE REFERENCE 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

PRINCIPAL OFFICER OR AUTHORIZED SIGNATURE

PRINT NAME

DATE

ADVANCED LABORATORIES OFFICIAL USE

Account No. \_\_\_\_\_

Approved by \_\_\_\_\_

Approval Date \_\_\_\_\_

Credit Limit \_\_\_\_\_

Account Rep \_\_\_\_\_

Principal Officer/Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

BANK REFERENCE

Name \_\_\_\_\_

Branch Address \_\_\_\_\_

Account No \_\_\_\_\_

Bank Officer \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

TRADE REFERENCE 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Terms of Payment are net 30 days for approved accounts, except as otherwise provided in Advanced Laboratories' Terms of Service, which are available online. Unpaid balances beyond those terms are subject to service charges. Submission of this New Account Application constitutes acceptance of Advanced Laboratories' Terms of Service. The undersigned agrees to release credit information to Advanced Laboratories and authorizes references to release information pertaining to this application. The information will be held in strict confidence and for the sole purpose of extending credit or updating existing credit files.

UTAH LAB:

Please fax completed application to 801-484-9211 or email to utlab@advancedlabsinc.com

NORTH CAROLINA LAB:

Please fax completed application to 919-989-9226 or email to nclab@advancedlabsinc.com

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