



ADVANCEDLABSINC.COM

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CREDIT APPLICATION

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 3

Name _____

Address _____

Phone _____

Email _____

Fax _____

PRINCIPAL OFFICER

*required

PRINT NAME AND TITLE

*required

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.

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

ISO 17025:2017 Accredited

FDA REGISTRATION:
UT Laboratory #14353128308
NC Laboratory #10560615298