



Account Request Form

3609 Johnson Road
Springdale AR 72762

Phone: (479) 290-5062
Fax: (479) 290-7906

Date:

Customer Information

PLEASE TYPE IN ALL UPPER CASE

Company Name:

Address:

City, State, ZIP:

Contact Name:

Email:

Phone #:

Establishment ID (if applicable):

Billing Information (if different from customer information)

Company Name:

Billing Address:

City, State, ZIP:

Account s Payable Contact:

Email:

Phone #:

Type of Business:

Proprietorship Partnership Limited Partnership Corporation

If Corp, C or S?

State of Incorporation:

Date of Incorporation:

Federal Tax ID:

Do you prefer to receive invoices via email, fax, U.S.P.S. or a combination?

Terms of Payment

The signing company agrees that all amounts due to **WBA Analytical Laboratories** are payable on terms of **Net 30 days** from the receipt of invoice unless otherwise noted on our invoice.

Customer Name

Date of Agreement

Email complete form to: vanessa.cook@wbalabs.com; tracy.morgan@wbalabs.com