



**Customer Account Set-up Form**

**FAX: (240) 396-1041**

**EMAIL: sales@cellogenetics.com**

**Account Information:**

Principal Investigator's Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Building/Room# \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Account Payable Information:**

Address line 1 \_\_\_\_\_  
Address line 2 \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Credit Card Information**

Visa     Master

Card holder Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Exp. Date (MM/YY) \_\_\_\_\_

**Tax Information**

Type of Organization \_\_\_\_\_  
Federal Tax ID #    -  
Are you Tax exempt?  Yes  No  
If yes, state tax exemption ID \_\_\_\_\_

By signing below, customer agrees to release information obtained from a recognized credit bureau such as Dunn and Bradstreet for purposes of credit assessment.

Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_