

KLM Laboratories, Inc.

New Account Application

Date: _____

Account #:(OFFICE USE ONLY) _____

Doctor/Practitioner Name: _____ Title: _____

Group/Company Name: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____

County: _____ Years In Business: _____

Telephone #: _____ Fax #: _____

Email Address: _____

KLM eLab Username: _____

* With KLM'S eLab you can write and track orders online, schedule pick-ups and so much more! *

Same Address for Billing and Shipping: Yes No (IF NO PLEASE LIST)

Bill to Name: _____

Responsible Party Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Send Invoices Attn: _____ Office Hours: _____

Send Invoices: With Shipments By Email Purchase Order Required: Yes No

Credit Card #: _____ Exp Date: _____

Name on Card: _____ Auto Charge Verify Charge

* All initial prefab and supply orders require credit card prepayment. *

Federal Tax ID #: _____

Do you hold a resale certificate in your state? Yes No

Resale or Seller's Permit #: _____ (IF YES, PLEASE INCLUDE COPY)

How did you discover KLM Labs? _____

• 28280 Alta Vista Ave. Valencia, CA 91355 •

• Toll Free Phone #: 800-556-3668 • Local Phone #: 661-295-2600 •

• Toll Free Fax #: 800-556-3338 • Local Fax #: 661-295-2615 • Accounting Fax #: 661-295-2626 •

• Website: www.klmlabs.com • Customer Service Email: cservice@klmlabs.com •