



UNIVERSAL LABORATORIES

20 RESEARCH DRIVE, HAMPTON VIRGINIA 23666
Phone (757)865-0880 Fax (757)865-8014 Toll Free 1-800-695-2162

NEW CLIENT INFORMATION QUESTIONNAIRE

PLEASE TAKE A MOMENT TO PROVIDE THE FOLLOWING INFORMATION.
ONCE COMPLETED, FAX OR MAIL TO OUR OFFICE. THANK YOU.

Legal Name: _____

Trade Name: _____

Billing Address: _____

Are you a corporation? _____ If yes, which state: _____

Telephone #: _____ Fax #: _____ E Mail: _____

Point of Contact (Accounts Payable): _____

Purchase Order Required: Yes or No (circle one)

Special billing requirements (i.e. duplicate invoices, vendor id #'s, etc): _____

Do you prefer to be invoiced or use a credit card? If credit card, list information below _____

Credit Card #	Exp. Date	Name of Card Holder
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List three credit references (This information is required)

Company Name: _____

Address: _____

Telephone #: _____ Fax #: _____ Account #: _____

Contact Name: _____

Company Name: _____

Address: _____

Telephone #: _____ Fax #: _____ Account #: _____

Contact Name: _____

Company Name: _____

Address: _____

Telephone #: _____ Fax #: _____ Account #: _____

Contact Name: _____

Bank Name: _____

Address: _____

Telephone #: _____ Fax #: _____ Account #: _____

Contact Name: _____

We hereby certify the information above is true and accurate. We authorize Universal Laboratories to verify the above credit references. Should this account require legal action, we will be responsible for reasonable attorney fees, court costs and all other collections fees including interest or service charges for late payments.

Authorized Company Agent

Title

Date