



Clinical Diagnostics

<b>Doc. No.:</b> CFORM423.07-04	<b>Rev.:</b> 2	<b>Effective Date:</b> Oct 1, 2021
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**TITLE:** New Customer Request Form

Please submit a completed copy of this form with your order. **All sections must be completed**
**BILLING INFORMATION**

<b>Company Name:</b>		<b>Billing Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone:</b>
<b>Preferred Invoice Method</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail		<b>Preferred Monthly Statement Method</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail	
<b>E-mail address (invoices):</b>		<b>E-mail address (monthly statements)</b>	
<b>Tax Status:</b> <input type="checkbox"/> Exempt* <input type="checkbox"/> Taxable  <i>*Tax Exempt Certificate required, please submit certificate with the completed form. Invoices will be taxed without a valid exempt certificate</i>		<b>Please list the states LGC will be shipping product to on your behalf:</b>	

**SHIPPING INFORMATION**

<b>Company Name:</b>		<b>Shipping Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Shipping Contact:</b>
<b>Phone:</b>	<b>Email:</b>	<b>Carrier Collect Account Information:</b> <input type="checkbox"/> FedEx    Account # <input type="checkbox"/> UPS        Account # <input type="checkbox"/> N/A	

**BUSINESS CONTACT INFORMATION**

<b>Purchasing Contact:</b>		
<b>Name:</b>	<b>E-mail:</b>	<b>Phone:</b>
<b>Accounts Payable Contact:</b>		
<b>Name:</b>	<b>E-Mail:</b>	<b>Phone:</b>
<b>Tax Department Contact</b>		
<b>Name:</b>	<b>E-Mail:</b>	<b>Phone:</b>



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### Business Information

<b>Company Name:</b>		<b>Tax ID / Fed ID #:</b>	
<b>Phone   Fax:</b>		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Other	
<b>E-mail:</b>			
<b>Website Address:</b>			
<b>Registered company address:</b> <b>City, State Zip Code</b>			
<b>How long at current address?</b>		<b>Dun &amp; Bradstreet Number:</b>	
<b>Bank Name:</b>	<b>Address:</b>	<b>Bank Contact:</b>	<b>Contact Phone:</b>
<b>Account Number:</b>		<b>Type of account:</b>	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

### AGREEMENT

By submitting this application, you authorize Company Name to make inquiries into the banking and business/trade references that you have supplied.

The information provided hereunder is collected in accordance with the current LGC Privacy Policy which can be found at [LGCGroup.com](http://LGCGroup.com).

### SIGNATURE

<b>Signature:</b>
<b>Name and Title:</b>
<b>Date:</b>

Please email completed form to Customer Service: [CDx-CustomerService@LGCGroup.com](mailto:CDx-CustomerService@LGCGroup.com)