

NEW CUSTOMER ACCOUNT INFO

Business Information Form

Contact Information

Company

Name: _____ Account Type: Dr Lab Dealer

E-mail: _____

Phone: _____ Fax: _____

Shipping Address: _____

Billing Address: _____

(If different from shipping address)

Primary Contact

Name: _____

Title: _____

Phone: _____

E-mail: _____

Purchasing Manager/Accounting

Name: _____

Title: _____

Phone: _____

E-mail: _____

Tax Exemption: CA Only

No Yes: Resale/Exemption Certificate must be attached to this form in order for account to be setup as exempt.

Return Policy

1. Customer may return products within 15 days of receiving the order. 30% restocking fee from the total applies.
2. Customer may exchange products within 30 days of receiving the order.
\$30 handling fee per transaction as well as any shipping costs apply.

Your Company Authorization

I certify that the information provided in this form is accurate and fully understand the terms set forth by TruAbutment Inc.

Date: _____ Signature: _____