



Account Record Form

Please complete this form in its entirety, sign, and send to orders@abionline.com, or fax to (+1) 301-497-9773.

Section 1 - Billing Information	
Company Name	
Billing Address
Contact Name	
Phone	
Email	

Section 2 - Business Information	
Federal Tax ID # / VAT #	
DUNS #	OR <input type="checkbox"/> 3 references & bank information attached
Year Established	
Ownership	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> LLC
Business Type (check all that apply)	<input type="checkbox"/> Authorized Distributor <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Biotech <input type="checkbox"/> Reseller <input type="checkbox"/> Government <input type="checkbox"/> University <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____

Section 3 - Purchasing Information	
Purchasing Contact	
Phone	
Fax	
Email	
Updates	Keep me updated with news and new products: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 - Terms and Conditions			
Applicant agrees to Additional Terms and Conditions of Sale at abionline.com/terms-conditions . Terms are subject to change. Customer is responsible to check this link for updated terms.			
The undersigned, as an inducement to grant credit (if applicable), warrants that the information submitted is true and correct, and authorizes Advanced Biotechnologies to investigate and retrieve credit history.			
Printed Name		Title	
Signature of Authorized Representative		Date	

For Internal Use Only			
Credit Amount Granted			
Name		Date	
Customer Account No.		<input type="checkbox"/> New customer <input type="checkbox"/> Record Update	