



**QUALITY BIOLOGICAL  
NEW CUSTOMER WORKSHEET  
BILLING ADDRESS**

Thank you for your interest in quality biological. Please complete this form and fax it back to us at 301-840-0743. Contact customer service if you have any questions.

How Did You Hear Of QBI: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company Website (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ A/P Telephone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Provide the Following: 3 Credit References & 1 Bank Reference Using the Space Provided or Fax the Information on Company Letterhead

**CREDIT REFERENCES:**

COMPANY NAME	ACCOUNT#	ADDRESS	CONTACT NAME	CONTACT PHONE#

**BANK REFERENCE:**

COMPANY NAME	ACCOUNT#	ADDRESS	CONTACT NAME	CONTACT PHONE#

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