



NEW ACCOUNT/CREDIT APPLICATION

1. Business Information

NAME OF BUSINESS: _____

Legal (If Different): _____

BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____

DUNS & BRADSTREET NUMBER: _____

HOW DID YOU HEAR ABOUT QBI? : _____

2. Description of Business

NUMBER OF EMPLOYEES: _____ CREDIT REQUESTED: _____

IN BUSINESS SINCE: _____ TYPE OF BUSINESS: _____

BUSINESS STRUCTURE: Sole proprietorship Partnership Corporation Other:

3. Bank References

NAME OF BANK: _____ CONTACT NAME: _____

BRANCH: _____ CONTACT PHONE: _____

ACCOUNT #: _____ CONTACT FAX: _____

CREDIT CARD# _____

(To keep on file)

4. Trade References

COMPANY NAME	CONTACT NAME	PHONE/FAX NUMBERS	ACCT OPEN SINCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Purchasing Department Information

Purchasing Agent	Telephone #	Fax #	Email Address
_____	_____	_____	_____

6. Confirmation of Information Accuracy and Release of Authority to Verify

Signature	Title	Date
_____	_____	_____

Policy Statement: Initial order for new accounts will not be processed unless accompanied by the above requested information.

Terms: Net 30 days from date of invoice unless otherwise stated. Any unpaid invoice more than 30 days past due must be paid by credit card.

QUALITY BIOLOGICAL, INC.
 7581 Lindbergh Drive Gaithersburg, MD 20879
 Tel: 301-840-9331 Toll Free: 800-443-9331 Fax: 301-840-0743
 Email: CustomerService@qualitybiological.com Web Site: www.qualitybiological.com



TERMS AND CONDITIONS

COMPANY NAME: _____

BILL TO ADDRESS: _____

ACCOUNTS PAYABLE CONTACT: _____

ACCOUNTS PAYABLE PHONE#: _____

ACCOUNTS PAYABLE FAX#: _____

ACCOUNTS PAYABLE EMAIL: _____

ACCOUNTS PAYABLE PHONE#: _____

SPECIAL INVOICE

REQUIREMENTS, if applicable: _____

NAME OF PERSON COMPLETING
THIS FORM: _____

TITLE: _____

SIGNATURE: _____

Term: Net 30 from the date of the invoice unless otherwise stated. Any unpaid invoice more than 30 days from the date of the invoice will be subject to a charge of 1.5% per month, which is an 18% annual rate and will be charged to credit card on file.

Returns: All returns must be authorized by Quality Biological, Inc. prior to return. This authorization is necessary to ensure correct return of materials and issuance of credit or exchange of materials. Before returning items, please call Customer Service for Return Authorization Number. Returns will not be accepted without prior authorization. Items must be returned within 15 days of receipt in the original packaging and re-sellable condition. Pre-sterilized products that have been opened cannot be returned. All returns due to incorrect quantities ordered or incorrect product ordered will be subjected to a 25% restocking fee.

Claims: Please inspect your Quality Biological shipment upon receipt. Do not accept any damaged packages unless the carrier has documented the condition on all delivery receipts. Report any errors or damaged products to Quality Biological within 5 days of delivery.

By signing this form you are acknowledging our terms and conditions as stated above.

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