

NEW CUSTOMER ACCOUNT REQUEST FORM

1. Name of company or institution: _____

2. Type of entity:

Not-for-Profit:

- Academic
- Government
- Hospital
- Research Institute
- Other _____

For-Profit:

- Agricultural Biotech
- Biotech
- Contract Research Organization (CRO)
- Corporate
- Diagnostic
- Pharmaceutical
- Tools & Reagents
- Other _____

3. What is your Tax Identification Number? _____

4. Tax exempt:

- No
- Yes—Please provide a copy of your tax exemption certificate.

5. Are you purchasing with the intent of reselling or distributing?

- No
- Yes— Reselling or acting as a distributor without a written agreement from Neta Scientific, Inc. is explicitly prohibited.

6. Are you purchasing with the intent of exporting?

- No
- Yes— Exporting product outside of the United States is explicitly prohibited

7. Does your company have a parent company or affiliates? Or have you ordered under a different company name?

- No

Exceeding Customer Expectations in Everything We Do for 24 years.

Yes—Please state the name of the company _____

8. Please provide your company website: _____

9. Method of Payment

- ACH/direct deposit
- Check
- Credit card

*If your payment is ACH/Direct Deposit or Check, please fill out the Credit Application link on #9.

10. Credit Application- [Credit App](#)

11. Contact Information:

Billing Address:

Street: _____ Suite #: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Accounts Payable Contact:

Name: _____ Email: _____ * For emailing invoices.

Phone #: _____ Fax #: _____

Shipping Address:

Street: _____ Suite #: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Shipping Contact:

Name: _____ Email: _____

Phone #: _____ Fax #: _____

End-User Contact:

Name: _____ Email: _____

Phone #: _____ Fax #: _____

Note: For multiple billing and shipping addresses, please attach additional sheets.

Date: _____

Signed (Name & Title) _____

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