



Customer Account Creation Form

Affirmation:

Confidential

The data in this form will be stored and used exclusively for recording and account creation purpose, and are protected by laws and regulations on data privacy.
Signature is required for Acceptance.

Company Name:			Number of Bench Chemists:	
Company Address:			Zip Code:	
Procurement Contact:	Job Title:	Email:		Tel:
Receiving Contact:		Email:		Tel:
Shipping Address:			Zip Code:	
Billing Contact:		Email:		Tel:
Billing Address:			Zip Code:	
We accept credit card orders. Please fill in the credit card information listed below:				
<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> AMEX <input type="radio"/> Discover <input type="radio"/> Diners Club				
Credit Card Number: To eliminate number guessing(Print Only Please)				
□□□□-□□□□-□□□□-□□□□				
Expiration Date _____ / _____		Card Security Code _____		
Cardholder's Name _____		Cardholder's Signature _____		Date _____
Please describe your company's general business and the application of the reagents:				
Areas of Interest: <input type="checkbox"/> Building Blocks <input type="checkbox"/> Industrial-scale Product <input type="checkbox"/> Technical Service (Multiple choices)				
DECLARATION & SIGNATURE				
I DECLARE THAT ALL INFORMATION PROVIDED ARE ACCURATE AND FULLY REFLECT OF TRUTH.				
SIGNED BY:			DATE:	
Accela ChemBio Internal Use Only				
Date Received:	Industry:	Status:	Approved Date:	Approved By:
THANK YOU FOR YOUR COOPERATION				