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New Customer Application

PLEASE COMPLETE ALL APPLICABLE AREAS OF THIS FORM TO AVOID DELAYS.

Section 1 Contact Information (REQUIRED)	
Name of Institution/Business: _____	
Billing Street Address: _____	
Billing City, State, Zip: _____	
Shipping Street Address: _____	
Shipping City, State, Zip: _____	
Telephone Number: _____ Fax Number: _____	
Website address: _____	
Section 2 Product Use (REQUIRED)	
Description of business or university department: _____	
Provide a brief description of the research planned with List's products: _____	
Section 3 Financial Information (not required for credit card accounts)	
Name of Bank: _____	
Bank Address: _____	
Bank Account Number: _____	
If corporation, date of incorporation: _____	Federal Tax ID# _____
Trade References	
1. _____	
2. _____	

The undersigned certifies that the information provided herein is true and correct and that he/she is authorized to make the certification.

Print Name _____ Title _____ Date _____

Signature _____ Email _____

How did you hear about us?

- Trade Show
 Conference
 Scientific Journal
 Colleague
 Web Search
 Other _____

For Internal Use Only	Approval: _____
Customer ID: DOM, FOR, GOV, DISD, DISF	New ID: PRIV, UNIV, GOV, DISD, DISF