



### New Customer Application

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

<b>Section 1 Contact Information (REQUIRED)</b>	
Name of Institution/Business:	_____
Billing Street Address:	_____
Billing City, State, Zip:	_____
Shipping Street Address:	_____
Shipping City, State, Zip:	_____
Contact Name: _____	Billing Preference (check one): <input type="checkbox"/> Email <input type="checkbox"/> Mail
Telephone Number: _____	Email Address: _____
Website address: _____	
<b>Section 2 Product Use (REQUIRED)</b>	
Description of business or university department:	
Provide a brief description of the research planned with List's products:	
<b>Section 3 Payment Method</b> <b>(All new accounts require payment via credit card or wire transfer in advance.)</b>	
Payment Preference (check one): <input type="checkbox"/> Credit Card <input type="checkbox"/> Wire Transfer	
Credit Card Type: (Visa, MC, AE)	
Name on the Card:	
Card Number:	Expiration Date:
<input type="checkbox"/> Please keep my credit card on file for all future orders.	
<input type="checkbox"/> For security reasons, I choose not to provide payment information at this time and will provide credit card or wire transfer information with all future orders.	

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 \_\_\_\_\_

<b>For Internal Use Only</b>	<b>Approved by:</b> _____	<b>Dated:</b> _____
Customer ID: DOM, FOR, GOV, DISD, DISF	New ID: PRIV, UNIV, GOV, DISD, DISF	