



New Customer Account Application

~Please complete in full and return via fax or email~

Contact Information

Company:	
Principal contact:	Title:
Address:	Email:
	Phone:
	Fax:
City, State, Zip:	

Billing Information

Billing contact:	Email:
Address: if different than above	Phone:
	Fax:
City, State, Zip:	
Invoice Receipt Preference:	<input type="checkbox"/> Email <input type="checkbox"/> Mail
Billing Preference:	<input type="checkbox"/> Credit card* <input type="checkbox"/> Company check**

* Complete the credit card authorization form (on p.2).

** Our terms are Net 30 but we require all new customers to have a credit card on file.

Shipping Information

same as contact address

Address:
City, State, Zip:

The undersigned acknowledges that they are an agent of the company listed above.

Agent Name (print)

Signature

Date



Credit Card Authorization Form

Please complete all fields.

You may include your credit card number and fax this form to 724-853-4049, **or** you may send this form without the credit card number to billing@usmslab.com and then call 724-853-4047 to provide the number.

Credit Card Information	Provided by phone
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____	
Cardholder Name (as shown on card): _____	
Card Number: _____ 3-digit CVV: _____	
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize _____ to charge my credit card above for agreed upon purchases or delinquent balances. I understand that my information will be saved to file for future transactions on my account.

Customer Signature Date

This authorization will remain in effect until canceled.
You may cancel this authorization at any time by contacting us.