



Account Registration Form

COMPANY NAME:	INVOICING ADDRESS:	
	STREET	STATE/COUNTRY
THE SERVICE PROVIDED MUST BE DONE ACCORDING TO THE? Choose an item.	CITY/TOWN	ZIP CODE
E-MAIL ADDRESS FOR RECEPTION OF INVOICES	FAX	PHONE

NAME OF OWNER OR PRESIDENT:	IN BUSINESS SINCE:	MONTH YEAR
RESPONSIBLE OF FINANCES:	INVOICING CURRENCY:	Choose an item.
RESPONSIBLE OF ACCOUNTS PAYABLE:	CREDIT LIMIT REQUESTED:	\$ _____
RESPONSIBLE OF ANALYSIS REQUESTS:	PURCHASE ORDER REQUIRED:	Choose an item.

BANK REFERENCES (IMPORTANT: PLEASE PROVIDE ALL THE REQUESTED INFORMATION)			
NAME OF YOUR BANK	COMPLETE ADDRESS		
TRANSIT #	ACCOUNT #	PHONE	FAX

SUPPLIERS REFERECES (IMPORTANT: PLEASE PROVIDE ALL THE REQUESTED INFORMATION)			
1	NAME OF SUPPLIER	COMPLETE ADDRESS	
	PHONE	FAX	E-MAIL ADDRESS CONTACT PERSON

2	NAME OF SUPPLIER	COMPLETE ADDRESS	
	PHONE	FAX	E-MAIL ADDRESS CONTACT PERSON

3	NAME OF SUPPLIER	COMPLETE ADDRESS	
	PHONE	FAX	E-MAIL ADDRESS CONTACT PERSON

AUTHORIZATION OF CREDIT INQUIRY AND ACCEPTANCE OF SALE AND CREDIT CONDITIONS	
<p style="color: #f4a460; font-style: italic;">I hereby authorize UAL LABORATORIES INC. to conduct a credit assessment of our company. I declare to have read, understood, and accept the terms of sales and credit described below. I also declare that I am an authorized representative of this company. Terms of payment are net 30 days, a service charge of 2% per month payable in respect of any account balance not paid. The customer hereby agrees to pay all collection costs and/or legal fees relating to this account if such measures are necessary due to non-payment.</p>	
NAME AND TITLE	SIGNATURE

PLEASE COMPLETE THIS FORM AND RETURN THE ORIGINAL SIGNED COPY.