

An account must be setup with ACZ prior to the laboratory receiving any samples. Please fill out the information requested below and email it back along with a completed one page credit application. In lieu of the credit application, ACZ also accepts major credit cards. Please contact your sales representative by phone if paying with a credit card. All information is required for setting up an account with ACZ.

Reporting Contact

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| Name: |
| Company name: |
| Address: |
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| City: |

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| State: |
| Zip: |
| Phone: |
| Fax: |
| Email: |

Copied on Reports

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|---------------|
| Name: |
| Company name: |
| Address: |
| |
| City: |

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|--------|
| State: |
| Zip: |
| Phone: |
| Fax: |
| Email: |

Shipping Contact

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| Name: |
| Company name: |
| Address (No POBs): |
| |
| City: |

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| State: |
| Zip: |
| Phone: |
| Fax: |
| Email: |

Billing Contact

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| Name: |
| Company name: |
| Address: |
| |
| City: |

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| State: |
| Zip: |
| Phone: |
| Fax: |
| Email: |

Additional Comments

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