



# Account Request Form

3609 Johnson Road  
Springdale AR 72762

Phone: (479) 290-5062  
Fax: (479) 290-7906

Date:

**Customer Information**

**PLEASE TYPE IN ALL UPPER CASE**

Company Name:

Address:

City, State, ZIP:

Contact Name:

Email:

Phone #:

Fax #:

Establishment ID (if applicable):

**Billing Information (if different from customer information)**

Company Name:

Billing Address:

City, State, ZIP:

Account s Payable Contact:

Email:

Phone #:

Fax #:

**Type of Business:**

Proprietorship     Partnership     Limited Partnership     Corporation

If Corp, C or S?

State of Incorporation:

Date of Incorporation:

Federal Tax ID:

Do you prefer to receive invoices via email, fax, U.S.P.S. or a combination?

**Terms of Payment**

The signing company agrees that all amounts due to **WBA Analytical Laboratories** are payable on terms of **Net 15 days** from the receipt of invoice unless otherwise noted on our invoice.

Customer Name

Date of Agreement

Email complete form to: [vanessa.cook@wbalabs.com](mailto:vanessa.cook@wbalabs.com); [melissa.bowman@wbalabs.com](mailto:melissa.bowman@wbalabs.com)