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CONFIDENTIAL APPLICATION FOR ACCOUNT (Government Agencies or Educational Institutions)

PLEASE TYPE OR PRINT:

DATE _____

INSTITUTION NAME _____

TELEPHONE () _____ FAX () _____

BILLING ADDRESS _____

CITY _____ STATE/PROVINCE _____

POSTAL/ZIP CODE _____ COUNTRY _____

DELIVERY ADDRESS _____

CITY _____ STATE/PROVINCE _____

POSTAL/ZIP CODE _____ COUNTRY _____

PURCHASING CONTACT:

Name: _____

Phone number: _____

E-Mail Address: _____

ACCOUNTS PAYABLE CONTACT:

Name: _____

Phone number: _____

E-Mail Address: _____

STANDARD TERMS: NET 30 DAYS

SHIPPING TERMS: EXWORKS

PAYMENT: US DOLLARS

FREIGHT AND SERVICE CHARGES ADDED TO INVOICE

PRINTED NAME & TITLE OF AUTHORIZED AGENT

SIGNATURE