

KLM Laboratories, Inc.

New Account Application

Date: _____

Account #:(OFFICE USE ONLY) _____

Doctor/Practitioner Name: _____ Title: _____

Group/Company Name: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____

County: _____ Years In Business: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Sign up for KLM eLab (email required for setup): Yes No

* With KLM's eLab you can write and track orders online, download KLM's Digital Casting App for iPad, communicate with Customer Service via secure Support Tickets, schedule pickups, and so much more! *

Same Address for Billing and Shipping: Yes No (IF NO PLEASE LIST)

Bill to Name: _____

Responsible Party Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Send Invoices Attn: _____ Office Hours: _____

Send Invoices: With Shipments By Email Purchase Order Required: Yes No

Credit Card #: _____ Exp Date: _____

Name on Card: _____ Auto Charge Verify Charge

* All initial prefab and supply orders require credit card prepayment. *

Federal Tax ID #: _____

Do you hold a resale certificate in your state? Yes No

Resale or Seller's Permit #: _____ (IF YES, PLEASE INCLUDE COPY)

How did you discover KLM Labs? _____

• 28280 Alta Vista Ave. Valencia, CA 91355 • Website: www.kmlabs.com • Email: cservice@kmlabs.com •
• Toll Free Phone #: 800-556-3668 • Local Phone #: 661-295-2600 •
• Toll Free Fax #: 800-556-3338 • Accounting Fax #: 661-295-2626 •