



## New Customer Profile Form

Please complete this brief profile form so we may serve you better.

Please  lab submitting samples to:

- VRL - SAN ANTONIO (Non-Human Primate)
- VRL - MARYLAND (Small Animal)
- VRL - Canada (Small Animal & Non-Human Primate)

Account Code: \_\_\_\_\_

### PRIMARY CUSTOMER CONTACT

Company Name: \_\_\_\_\_  
ContactName: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### Purchasing Contact Info

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Purchase Order Nbr, if available: \_\_\_\_\_

### Billing Contact info/Send Invoices to:

Company Name: \_\_\_\_\_  
AP Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

NOTES: \_\_\_\_\_

Anticipated Amount of Credit: \_\_\_\_\_

**BILLING INSTRUCTIONS: - Please  preferred method of receiving Invoices**

- Email** (email address) \_\_\_\_\_
- Mail** (billing address) \_\_\_\_\_
- Portal** Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_
- Other:** Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Banking Contact Info**

Institute Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Trade References:**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_

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Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_

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Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_

By submitting this application, you authorize VRL to make inquiries to the business/trade references you have supplied.  
The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true:

**Completed By:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Please return completed form to: [kelvin.lopez@vrl.net](mailto:kelvin.lopez@vrl.net)

*Account information submitted on this form will remain confidential and be used for the sole purpose of communicating with you.*

***Thank You! We appreciate your business!***