

# Epoch Biolabs, Inc.

**FAX or MAIL TO:**  
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URL: [www.epochbiolabs.com](http://www.epochbiolabs.com)

## New Account Application

New account are subject to approval. Your account application must be approved before any order will be processed. Missing information will delay approval or may result in denying the application. Print or type information to be legible.

Please allow 1-2 days after receipt of completed application for account approval.

Organization Name	Web Site Address

Controller/Finance Officer Name	Telephone	Fax	E-mail

Billing Address (Invoices will be sent to this address.)			
Please check with your accounts payable department to verify the correct billing address for your organization.			
Billing Department	Contact Person (Complete First & Last Name)	Employer Identification Number (EIN)	
Street Address / P.O. Box			
City	State/Province	Zip/Postal Code	Country
Telephone (including Country Code)		Fax (including Country Code)	E-mail

Shipping Address (complete street address)			
*Include any additional shipping addresses on a separate sheet of your letterhead paper			
Department	Bldg No.	Room No.	
Street Address			
City	State/Province	Zip/Postal Code	Country
Telephone	Fax	E-mail	

Check Type of Organization		
Check most applicable		
University/Education	Biotechnology/Life Science	Pharmaceutical/Drug Discovery
Hospital /Clinical	International Government	U.S. Government (CDC, NIH, USDA, etc)
Research/Foundation	Attorney-Law Offices	Cosmetics
Manufacturing	Industrial	Contract Lab
Food Processing/Agriculture		Environmental
		Diagnostic Lab
		Other (explain) _____
Nonprofit (attach Federal 501(c)(3) Form)	Profit	Distributor

**Institution / Company Profile**

A brief description of your organization

Include a brief description of your organization **on company letterhead** with your completed application.  
(This part can be waived for all major US universities. Please include your website for reference.)

(For major a US and foreign universities, skip this part)

Credit Reference			
Organization Name		Contact Person	Account No.
Street Address			
City	State	Zip Code	Country
Telephone (including Country Code)		Fax (including Country Code)	E-mail

Credit Reference			
Organization Name		Contact Person	Account No.
Street Address			
City	State	Zip Code	Country
Telephone (including Country Code)		Fax (including Country Code)	E-mail

Credit Reference			
Organization Name		Contact Person	Account No.
Street Address			
City	State	Zip Code	Country
Telephone (including Country Code)		Fax (including Country Code)	E-mail

Orders are subject to the Epoch Material Transfer Agreement. See our Web site for more information at [www.epochbiolabs.com](http://www.epochbiolabs.com)  
 Credit Terms: Net 30. To ensure proper credit of your payment, please include a purchase order number for reference.  
 If the total of your initial order exceeds \$1000.00, the order must be prepaid.

**Epoch Biolabs accepts:**

U.S. Currency by check drawn on any U.S. bank or international money order made payable to:  
 Epoch Biolabs, Inc.  
 P.O. Box 16202  
 Sugarland, TX 77496-6202

We authorize the above listed to provide a credit reference to Epoch. We have read the Epoch Material Transfer Agreement and agree to abide by it. We also acknowledge that in the event our account becomes delinquent, Epoch may report to credit agencies and/or forward our account to a collections service.

**Authorized By:** (please print/type) \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_