



CREDIT APPLICATION FORM –NEW CLIENT

2482 West El Camino Real, Mountain View, CA 94040
Phone: (650) 948-9911 Fax: (650) 948-9913
WWW.QUALITYCLINICALLABS.COM

Date: _____

Form Completed By: _____
Name/ Title Signature

(Hereby attest for truth statement in this form, authorize and give full permission for inquiries pertinent to the information provided below for the purpose of obtaining credit with SRI International-QCL for study and testing analyses services)

Company Name: _____

Address: _____

Account Payable contact name: _____ Phone #: _____

Email Address: _____ Fax #: _____

Manager/ Director: _____ E-Mail address: _____

In business since: _____

General Manager/ CEO/ VP: _____ Industry type: _____

CREDIT REFERENCE

Company: _____ Account #: _____

Address: _____

Phone #: _____ How long? _____

Company: _____ Account #: _____

Address: _____

Phone #: _____ How long? _____

Company: _____ Account #: _____

Address: _____

Phone #: _____ How long? _____

Blanket P.O. #: _____ Authorized by: _____
Name/ Signature/date

SRI international- QCL Use Only

Date Approved: _____ Account # _____

Notes: _____

Approved by: _____ Signature/ Date: _____