



New Customer Account Information

167 West Orangethorpe Avenue Placentia, California 92870-6922 800-441-7325 714-528-8434 www.biosealnet.com

Company Name: _____

Bill To Address:

City: _____ State: _____ Zip: _____

Ship To Address:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Federal Tax ID # _____

FDA Registration # _____

Dun & Bradstreet/# _____

Resale ? Yes No If yes, complete attached resale certificate

Bank Reference

Name: _____ Acct# _____

Contact Person: _____

Phone# _____

Commercial Credit References:

1 Company Name: _____ Acct# _____

Contact Person: _____ Phone# _____

2 Company Name: _____ Acct# _____

Contact Person: _____ Phone# _____

Personnel Info: (If Applicable) _____ Phone# _____

Key Contact Person

President

Sales Manager

General Manager

Operations Manager

Accounts Payable Manager

Transportation Manager

Inventory Manager

| For Bioseal use only: | Cust No. | Cust Type | Taxable | Tax Code | Territory | Salesman |
|-----------------------|----------|-----------|---------|----------|-----------|----------|
| Approved By: | | | | | | |

Resale Certificate

Name of Purchaser

Address of Purchaser

I, HEREBY CERTIFY: That I hold valid seller's permit No.

Issued pursuant to the Sales and Use Tax Law: that I am engaged in the business of selling

That the tangible personal property described herein which I shall purchase from **Bioseal** will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business. It is understood that I am required by Sales and Use Tax Law to report and pay tax measured by the purchase price of such property.

Description of property to be purchased:

Various Disposable and Reusable Medical Devices

Date: _____

Purchaser/
Authorized Agent

Name

Title

Phone

Signature: