

BioLife Solutions, Inc.

Fed ID #94-3076866

NEW CUSTOMER ACCOUNT APPLICATION

3303 Monte Villa Parkway, Suite 310

Bothell, WA 98021

(425) 402.1400 M-F , 9am-5pm PST

Fax Form To: (425) 402.1433 Attn. BioLife New Customer Accounts

Customer Account # For BioLife Office Use Only

* BILLING INFORMATION:	
*Company:	_____
Attention:	_____
*Department:	_____
*Address:	_____
*City:	_____
*State/Postal Code:	_____
*Phone #:	_____
*Fax #:	_____
E-mail:	_____

SHIPPING INFORMATION:	
<input type="checkbox"/> Shipping Address will be provided at time of order placement	
Name:	_____
Company:	_____
Department:	_____
Address:	_____
City/State/Zip:	_____
Phone #:	_____
Fax #:	_____
E-mail:	_____

Preferred Order Confirmation Contact	
<input type="checkbox"/> Phone:	_____
<input type="checkbox"/> Fax:	_____
<input type="checkbox"/> E-mail:	_____

Purchasing Authorization	
Purchasing Agent:	_____
Purchasing Phone #:	_____
E-mail:	_____

Please include tax exempt form, if applicable.

Preferred Method of Payment	
<input type="checkbox"/> Purchase Order	Terms: Net 30 Days
<input type="checkbox"/> Credit Card	MC, VISA or AmEx
<input type="checkbox"/> Wire transfer	

Preferred Shipping Method	
<input type="checkbox"/> Overnight Afternoon delivery (3:00pm)	
<input type="checkbox"/> Overnight Morning delivery (10:30am)	
<input type="checkbox"/> Overnight Early Morning delivery (8:30am)	
Or: Customer Shipping Acct # /Carrier: _____	

Trade References See attached Page(s)

Company Name	Company Phone #	Company Fax #	Account Number
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

Credit Card Information to place on file (Or may be provided at time of order)

Name on Card: _____ Type of Card: _____

Card Number: _____ Expiration Date: _____