

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

Customer Account #	For BioLife Office Use Only	Date
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* BILLING INFORMATION: (* REQUIRED FIELD)	
*Company:	_____
Attention:	_____
*Department:	_____
*Address:	_____
*City:	_____
*State/Postal Code:	_____
*Country:	_____
*Phone #:	_____
*Fax #:	_____

SHIPPING INFORMATION:	
<input type="checkbox"/>	Shipping Address will be provided at time of order placement
Name:	_____
Company:	_____
Department:	_____
*Address:	_____
*City:	_____
*State/Postal Code:	_____
Country:	_____
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:	_____

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"/>	International Priority Overnight
*VAT/ Customs #	_____

Please include tax exempt form, if applicable.

Trade References See attached Page(s)

Company Name	Company Phone #	Company Fax #	Account Number
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- 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: _____