



## Customer Onboarding Form

Complete the form and send it to [orders@rprdx.com](mailto:orders@rprdx.com).

### BUSINESS CONTACT INFORMATION

Company Name:		
Primary Contact Name:		
Phone:	Fax:	E-mail:
Address:		
City:	State:	Zip Code:
Tax ID / EIN:		
Corporation:	Partnership:	Limited Liability:

### BILLING INFORMATION

Postal Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Accounts Payable Contact:		
E-mail:		

### PAYMENT PREFERENCE (PLEASE INDICATE AND COMPLETE ONE OF THE FOLLOWING)

<input type="checkbox"/> <b>Purchase Order</b>	PO Ref. (for invoicing):	
<input type="checkbox"/> <b>ACH</b>		
Bank Name:	Bank Contact:	
Type of Account:	ABA:	DDA:
<input type="checkbox"/> <b>Credit Card</b>	Card Type:	
Card #:	Name:	
Expiration:	Ref:	

### SEND-OUT LABORATORY AND ADDITIONAL CONTACT INFORMATION

Contact name:	Contact name:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

### AGREEMENT

1. All invoices are Net 30 days from the date of the invoice, unless otherwise noted.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. All invoices exceeding 30 days past due shall incur interest at 1.5% per month.

### AUTHORIZATION

Signature:	Date:
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I hereby certify that the information contained herein is complete and accurate. By submitting this application, I authorize RPRD Diagnostics LLC. to make inquiries into the banking and business trade references listed above, in order to determine the amount and conditions under which credit may be extended. Additionally, I authorize the financial institution to release the necessary information to RPRD Diagnostics in order to verify the information contained herein.