## MICRO ESSENTIAL LABORATORY INC.





P O BOX 100824 • 4224 AVENUE H • BROOKLYN • NEW YORK 11210 • TEL (718) 338-3618 FAX (718) 692-4491

HOME ORDER INFO

To establish a 30-day billing account with Micro Essential Laboratory, Inc. please complete the following information which you can fill in online, then print and fax or save and email:

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NAME OF COMPANY:				
BILLING Address:				
SHIPPING Address:				
Contact Person:				
Tel.#:				
Fax#:				
Email:				
NAME OF BANK:				
Address:				
Checking Account #:				
Tel.# of bank:				
Fax# of bank:				

Please fill in trade references on next page.

TRADE REFERENCES (3) (Other vendors paid via 30-day billing) – Minimum of three for credit line consideration. Please include FAX numbers to expedite processing

REFERENCE (1)	
Name of Vendor:	
Your Account Number:	
Fax#:	
Address:	
Contact Person:	
Tel.#:	
REFERENCE (2)	
Name of Vendor:	
Your Account Number:	
Fax#:	
Address:	
Contact Person:	
Tel.#:	
REFERENCE (3)	
Name of Vendor:	
Your Account Number:	
Fax#:	
Address:	
Contact Person:	
Tel.#:	

PLEASE FAX THIS COMPLETED FORM TO <u>718-692-4491</u> WITH YOUR PURCHASE ORDER ON COMPANY LETTERHEAD. IF YOU DOWNLOADED THIS FORM AS A "WORD.DOC," PLEASE EMAIL SAME TO <u>custsery@microessentiallab.com</u> with attachment of your PO and <u>Subject: URGENT – PO W/CREDIT APPLICATION</u>.