



New account registration form

Company Information					
Name of Business:			Federal Tax ID Number:		
Address:				Phone:	
City:		State:		Zip Code:	Fax:
Legal Form Under Which Business Operates:					
<input type="checkbox"/> C-CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Proprietorship					
In Business Since:					
Tax Exempt:		Yes	No	Tax Exemption Number:	
If yes, please include a copy of your recent tax exempt certificate					
Principals					
Name:	Title:		Phone:		Email:
Accounting Information					
Contact person:				Phone:	
Email:				Fax:	
Bill to Address:					
City:			State:		Zip Code:
Bank References					
Institution Name:					
Address:					
State:		Zip Code:		Phone:	
Account Type:		<input type="checkbox"/> Saving	<input type="checkbox"/> Checking	Account Number:	
Trade References					
Company:			Company:		
Contact name:			Contact name:		
Email:			Email:		
Phone:			Phone:		
Customer Representations and Acknowledgements:					
All above information submitted in connection with the request for credit is warranted to be true and correct. Applicant's signature attests financial responsibility, ability and willing to pay our invoices in accordance with the terms and conditions contained in the current iXCells Biotechnologies price list. Furthermore, applicant authorize the financial institution listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.					
Applicant Signature:				Title:	
Print Name:				Date:	

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