

ANALYTICS ACCOUNT SET-UP FORM

(Please Print Clearly)

FAX TO: 804-365-3002 or e-mail to smckinley@analyticscorp.com

Account Number:	Project Number:
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New Account Reinstatement Change Deletion Special Price (see back for details)

Company Name:	Billing Name:
Department:	Invoice Address:
Report Address:	
City: State: Zip Code:	City: State: Zip Code:
Contact:	Billing Contact:
Phone #: Fax #: Cell #: e-mail:	Phone #: Fax #:

Shipping Name:
Department Name:
Street Address:
City: State: Zip Code:

# of Request Forms:	IH COC:	Dialysis:	Enviro COC:
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Regular:

Specialty Code:	BLANKET P.O. #:
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NOR <input type="checkbox"/>	AUTO FAX <input type="checkbox"/>	LINK W/CORP ACCT <input type="checkbox"/>	COURIER SERVICE <input type="checkbox"/>
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Special Instructions: _____

OFFICE USE				
1100 <input type="checkbox"/>	LIMS <input type="checkbox"/>	FORMS <input type="checkbox"/>	CREDIT <input type="checkbox"/>	COPIES <input type="checkbox"/>

Submitted by:	Set-up by:
Date:	Date: