



Customer Set-up Form - Bank Card

A California corporation
Tax ID#77-0043660

Please fill in all applicable blanks.

Company (Legal Name)	Hardy Account Manager			
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Ship to Address:	City	County	State	Zip
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Phone	Fax			
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Bill to Address:	City	County	State	Zip
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Phone	Fax			
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Business Type: Commercial Residential

Hospital Veterinary Dr.'s Office Food Lab Pharmaceutical Government University/College Other

Tax Exemption Status (Choose if applicable): Resale Exempt (Both require a certificate at time of application)

Estimated Monthly Purchase Amount: \$ _____ (Do not leave blank)

Contact Information

Laboratory Manager Name	Title
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Phone	Fax	Email
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Microbiology Supervisor Name	Title
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Phone	Fax	Email
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Purchasing Agent Name	Title
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Phone	Fax	Email
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Accounts Payable Supervisor Name	Title
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Phone	Fax	Email
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Other:	Title
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Phone	Fax	Email
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In the event that any action is necessary to collect amounts due, Hardy Diagnostics will be entitled to recover all principal due as well as expenses and reasonable attorney fees.

Authorized signature	Title	Date
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Print Name

Return to Hardy Diagnostics 1430 West McCoy Lane, Santa Maria, CA 93455 Sales@HardyDiagnostics.com (805) 346-2766 Fax:(805) 346-2760