

Physicians Reference Laboratory, LLC  
Vendor Connection: Company Information Form

Please provide the following information about your company:

Legal Name of Business: \_\_\_\_\_

DBA (If applicable): \_\_\_\_\_

Street Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: Corporation \_\_\_\_ Partnership \_\_\_\_ Proprietorship \_\_\_\_ Other \_\_\_\_

Years in business: \_\_\_\_ Federal Tax ID \_\_\_\_\_ Tax Exempt: Yes/No

Bank References

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Trade References

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Would you like us to set up a Web Profile for your account so you can order over the internet?

Yes \_\_\_\_ No \_\_\_\_

What percentage of your business is Domestic? \_\_\_\_\_ International? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_