



ACCOUNT APPLICATION

Billing

Company Name:	Date:
Address:	
City:	State:
Zip:	
Accounts Payable Contact:	E-Mail:
Phone Number:	Fax Number:

Shipping

Address (if different than above):	
City/State/Zip:	
Persons Who Can Authorize Testing:	
1.	E-Mail:
2.	E-Mail:
3.	E-Mail:

Trade References (Please list three)

Company: _____	Company: _____	Company: _____
Contact: _____	Contact: _____	Contact: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: _____	State: _____	State: _____
ZIP: _____	ZIP: _____	ZIP: _____
Phone: _____	Phone: _____	Phone: _____

Bank References

Bank Name:	Account Number:
Address:	
City/State/Zip:	
Contact Name:	Telephone Number:

Authorizing Officer (Position):	
Print Name	Sign Name

Please mail, fax, or e-mail application to: ICS Laboratories
 1072 Industrial Parkway North
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 Phone: 330-220-0515
 Fax: 330-220-0516
 E-Mail: info@icslabs.com