

BEAGLE BIOPRODUCTS, INC.  
959 Schrock Rd  
Columbus, OH 43229  
Telephone: (614) 682-6588  
Email: info@beaglebioproducts.com



**New Customer Application**

**Billing Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Shipping Information:**

Ship to billing address? YES NO

**Note:** Customers outside the U.S. should contact Beagle directly at 614-682-6588 or info@beaglebioproducts.com for further instruction, and do not need to complete this form.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**General Information:**

What is your company's primary business? \_\_\_\_\_

No. of years in business: \_\_\_\_\_

Please indicate the intended purpose of the products you will purchase:

Research: \_\_\_\_\_ Resale: \_\_\_\_\_ Other: \_\_\_\_\_

Type of business: For Profit \_\_\_\_\_ Academic \_\_\_\_\_ Government \_\_\_\_\_ Other \_\_\_\_\_

Federal ID#: \_\_\_\_\_ or DUNS #: \_\_\_\_\_

Are you tax exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please include a copy of your exempt certificate with your application. Are you a U.S. Government Entity? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide 2 Trade References if you would like to pay with a Purchase Order:**

**Note:** Provide companies you purchase similar products from.

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

**Bank Reference if paying with a Purchase Order Number:**

Name/Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Account Number \_\_\_\_\_

**Authorization to release information:**

I hereby authorize our bank(s) and suppliers to release any information necessary to assist in establishing a line of credit.

Authorized by \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Supplemental Information:**

Do you have a preferred login username? \_\_\_\_\_ If not, we will create one for you.

Would you like to receive special promotions, updates on new products, and pricing information via email?

YES \_\_\_\_\_ NO \_\_\_\_\_

How did you hear about Beagle Bioproducts, Inc.?

Online \_\_\_\_\_ Sales Rep \_\_\_\_\_ Social Media \_\_\_\_\_ Other \_\_\_\_\_

**Direct Purchase Information (Optional):**

If you would like Beagle Bioproducts to directly place your order upon receiving this registration form please provide your credit card information, the products you would like to purchase and FedEx shipping method.

**Credit Card Information:**

Card Type \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Product Order Form:**

Product Name	Unit Size	Quantity

**FedEx Shipping Method:**

FedEx Ground \_\_\_\_\_ FedEx 2 Day \_\_\_\_\_ FedEx 2 Day A.M. \_\_\_\_\_

FedEx Standard Overnight \_\_\_\_\_ FedEx Priority Overnight \_\_\_\_\_

Once completed, please scan and return this form to [info@beaglebioproducts.com](mailto:info@beaglebioproducts.com).