

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:

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.

Card Type _____

Name on Card _____

Card Number _____

Expiration Date _____ Security Code _____

Product Order Form:

| Product Name | Unit Size | Quantity |
|--------------|-----------|----------|
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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.