

CUSTOMER PROFILE



FACILITY INFORMATION

Facility Name _____
Tax ID: _____

ADDRESS INFORMATION

Shipping Address

Billing Address

Address _____

Address _____

Address 2 _____

Address 2 _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

CONTACT INFORMATION

OPERATING ROOM

Name _____

Fax Number _____

Title _____

Phone Number _____

Email _____

PURCHASING

Name / Title _____

Fax Number _____

Phone Number _____

Email _____

ACCOUNTING

Name / Title _____

Fax Number _____

Phone Number _____

Email _____

FREEZER INFORMATION

Freezer Available Yes No Temperature -20°C or colder -40°C or colder
Brand: _____ Capacity: _____

DISTRIBUTOR INFORMATION

Distributor _____

Phone Number _____

Representative _____

Fax Number _____

Email _____

Office: (657) 888-6243 Fax: (657) 888-6257

PLEASE EMAIL COMPLETED FORM TO: INFO@GENESISBIOLOGICS.COM