



# VDx

Veterinary Diagnostics

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## NEW RESEARCH ACCOUNT INFORMATION

Date/ Initials \_\_\_\_\_

Client Name \_\_\_\_\_

<b>VDx Use Only</b>
Account ID _____

### Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

After Hrs Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

### Billing Information:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

After Hrs Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

PO# \_\_\_\_\_

### Shipping Preference for Sample Submission:

UPS     FedEx     VDx Courier     Client Drop-Off     Other \_\_\_\_\_

### Shipping Preference for Material Return:

UPS     FedEx     VDx Courier     Client Pick-Up     Other \_\_\_\_\_