WATERBORNE™, INC.
6045 Hurst Street, New Orleans, LA 70118, USA / tel/fax: 504-895-3338 * www.waterborneinc.com

Customer Information Sheet

PLEASE TYPE OR PRINT LEGIBLY

Company Information

Corporation Sole Proprietor Partnership Other

Company Name: _____ _____ _____ _____ _____

Federal ID #: _____ Or Social Security #: _____

Billing Address:		Shipping Address:	
Street 1		Street 1	
Street 2		Street 2	
Dept, Bldg		Dept, Bldg	
Suite, Room		Suite, Room	
City/State/Province		City/State/Province	
Zip/Postal Code		Zip/Postal Code	
Country		Country	

Telephone: _____ Email: _____

FAX: _____ Website: _____

President: _____ VicePresident: _____ Other: _____

Contact Information

Purchaser:	*End-User*:*
Telephone:	Telephone:
FAX:	FAX:
Email:	Email:
Accounts Payable:	*Shipping/Receiving*:*
Telephone:	Telephone:
FAX:	FAX:
Email:	Email:

** This information is **required**, in accordance with IATA regulations, if you intend to order infectious goods.*

Credit Information

Company Name:		Telephone:	
Contact:		FAX:	
Company Name:		Telephone:	
Contact:		FAX:	
Company Name:		Telephone:	
Contact:		FAX:	

Other Information

Intended Use for Product: ____ Detection/Identification ____ Infectivity Study ____Other: _____

____ Seeding/Controls ____Disinfection/Inactivation Study _____

Waterborne™, Inc. agrees that the information contained in this sheet is confidential and will not divulge this information to a third party without written consent.

Information Provided By: _____ _____ Date: _____

Signature Print

☐ Please check this box **and provide your mailing address** (if different from the shipping address) to receive mailings from Waterborne™, Inc.

Contact Name		Street 1	
Telephone Nr		Street 2	
		City, State	
		Postal Code	
		Country	