WATERBORNE™, INC.
6047 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: _____

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