



New Client Information Form

PART 1 GENERAL INFORMATION:

(Please attach a copy of your W-9 and Sales & Use Tax Exemption Certificate)

Company Name:			
Mailing Address:	City:	State:	Zip:
Telephone:		Fax:	
Primary Contact/Title		Email:	
		Phone:	
Secondary Contact/Title		Email:	
		Phone:	
Invoice Contact		Email:	
		Phone:	
Billing Address (if different than mailing)	City:	State:	Zip:

Individuals Authorized to Receive Results:

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

**Better Food.
Better Health.
Better World.**



PART 3 – CREDIT REFERENCE REQUEST:

Other Information:			
Tax I.D. Number:			
D-U-N-S#			
DBA and/or AKA(s):			
Years in Business:			
Number of Employees:			
Trade References – Please list references with whom you have high credit limits			
Name:			
Address:			
City/State/Zip:			
Contact:		Title:	
Telephone:		Fax:	
Email:			
Name:			
Address:			
City/State/Zip:			
Contact:		Title:	
Telephone:		Fax:	
Email:			
Name:			
Address:			
City/State/Zip:			
Contact:		Title:	
Telephone:		Fax:	
Email:			

Applicant authorizes Dyad Labs to contact any references given and inquire about credit history.

Signature: _____

Name (print) _____

Title: _____ Date: _____

Please send completed form, W-9, and Sales and Use Tax Exemption Certificates to:

Dyad Labs

ATTN: Accounting

Email: accounting@dyadlabs.com

**Better Food.
Better Health.
Better World.**