

ABBOTT - INTERFAST IS0 9001:2008

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YOUR COMPANY HAS REQUESTED AN OPEN ACCOUNT

PLEASE TAKE A FEW MINUTES TO COMPLETE ALL INFORMATION ON THIS FORM AND RETURN TO OUR CREDIT DEPARTMENT AT THE ABOVE FAX NUMBER SO WE CAN PROCESS YOUR REQUEST.

DATE	DUNS NUMBER			
BUSINESS NAME				
BILLING ADDRESS				
SHIPPING ADDRESS				
CITY	STATE		ZIP	
PHONE		FAX		
A/P CONTACT NAME	A/P PHONE		A/P FAX	
EMAIL FOR A/P CONTACT				
A/P EMAIL FOR ELECTRONIC INVOICING				
	VENDOR I	REFERENCES		
COMPANY			ACCOUNT#	
ADDRESS				
CITY	STATE		ZIP	
PHONE		FAX		
COMPANY			ACCOUNT#	
ADDRESS				
CITY	STATE		ZIP	
PHONE		FAX		
			ACCOUNT#	
ADDRESS				
CITY	STATE		ZIP	
PHONE		FAX		