

HEMCO™

Laboratory Planning Solutions

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NEW ACCOUNT FORM

REGISTERED NAME OF BUSINESS: _____

TAX ID NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

POSTAL CODE: _____

TELEPHONE (BUSINESS) ____-____-____ FAX: ____-____-____

E-MAIL: _____

NUMBER OF YEARS IN BUSINESS: _____

BUSINESS REGISTERED AS (Please Specify one of the following options)

Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLC <input type="checkbox"/>	Corporation <input type="checkbox"/>
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Accounts Payable Contact:

SIC Code:

Dun's Number:

Resale Number:

Tax Exempt Certificate:
Y___ N___

**If yes please enclose a
copy of your certificate**