



## NEW ACCOUNT APPLICATION

Name of contact/client \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Company \_\_\_\_\_

Company mailing address \_\_\_\_\_

\_\_\_\_\_

Company billing address (if different) \_\_\_\_\_

\_\_\_\_\_

Company AP contact name \_\_\_\_\_ AP e-mail \_\_\_\_\_

AP phone \_\_\_\_\_

### Terms

Account holders will be billed on a monthly basis.

Payment terms are Net 30 days.

Payment may be made via credit card, cash, check, money order, or cashier's check.

Please make checks payable to TriCal. Payment may also be made via ACH/EFT.

For Payment via **Credit Card**, Please **CALL Noe Ponce 669.270.6400** to provide cc info

**Send completed account application by e-mail to Hanane Stanghellini  
([hstanghellini@trical.com](mailto:hstanghellini@trical.com)) or include this form with your first submitted sample.**

### For more information

Accounts and payments: Hanane Stanghellini ([hstanghellini@trical.com](mailto:hstanghellini@trical.com))

Lilly Cosio ([lcasio@trical.com](mailto:lcasio@trical.com))

General questions: Steve Koike ([skoike@trical.com](mailto:skoike@trical.com))

#### Mailing address

TriCal Inc.  
8100 Arroyo Circle  
Gilroy, California 95020  
831-637-0195

#### Lab address

TriCal Diagnostics  
8770 Highway 25  
Hollister, California 95023  
831-630-2240