



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 Dr. Hanane Stanghellini
(hstanghellini@trical.com) or include this form with your first submitted sample.**

For more information

General questions: Hanane Stanghellini (hstanghellini@trical.com)

Accounts and payments: Hanane Stanghellini (hstanghellini@trical.com) &
Lilly Cosio (lcosio@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