



ACCOUNT APPLICATION

Name of contact/client: _____

Phone: _____

E-mail: _____

Company: _____

Company mailing address: _____

Company billing address (if different): _____

Terms

Account holders will be billed on a monthly basis.

Payment terms are Net 30 days.

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

Please make checks payable to TriCal.

Payment may also be made via ACH/EFT (contact Kas Filice at kfilice@trical.com)

For more information

General questions: Steve Koike (SKoike@trical.com)

Regarding lab operations: Hanane Stanghellini (HStanghellini@trical.com)

Regarding accounts and payments: Kas Filice (kfilice@trical.com).

Send completed account application by e-mail to Kas Filice (kfilice@trical.com).

Mailing address:

TriCal, Inc.

8100 Arroyo Circle

Gilroy, California 95020

Phone: 831-637-0195