



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.

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

For more information

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

Lilly Cosio (lcosio@trical.com)

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

Lab phone: Phone: 831-630-2240

Mailing address

TriCal Diagnostics

8100 Arroyo Circle

Gilroy, California 95020