



NEW ACCOUNT APPLICATION

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Lab Solutions for Analytical Testing & Issues

Firm or Business Name: _____

Doing Business as (DBA): _____

Street Address: _____

Billing Address: _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Please list all offices and/or affiliate addresses below:

Years in Business _____ Federal Tax Number: _____

Type of Business: ___Sole Proprietorship ___Corporation ___Partnership ___Subsidiary

DUNS# _____ Type of work: _____

Year Business Established: _____ At Present Location Since? _____

Accounts Payable Contact Name: _____ Email _____

Bank Name: _____ Account No. _____

Bank Address: _____ Phone: _____ Fax: _____

PROPREITOR, PARTNERS, OFFICERS (if incorporated):

Name: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____ SS# _____

Email: _____

Name: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____ SS# _____

Email _____

CREDIT REFERENCES: (Please provide three)

Company Name: _____

Contact Person: _____ Title: _____

Mailing Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

How Long Have You Been Doing Business With This Company? _____

Company Name: _____

Contact Person: _____ Title: _____

Mailing Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

How Long Have You Been Doing Business With This Company? _____

Company Name: _____

Contact Person: _____ Title: _____

Mailing Address: _____

E-Mail Address: _____ Phone: _____ Fax: _____

How Long Have You Been Doing Business With This Company? _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with LSAI Labs, LLC. I hereby agree that LSAI Labs may investigate my record and that, if approved, LSAI may furnish this authorization to secure the information they need to establish a business relationship.

Name Title Date