



**INDUSTRIAL . COSMETIC . FOOD
ENVIRONMENTAL . PHARMACEUTICAL**

New Client Account Information

Requesting Party Contact Information	
Company Name	
Contact Name	
Department	
Phone	
Email	
Address	
Additional Email Contacts for Reporting	
Accounting Information	
Accounts Payable Contact	
Phone	
Email	
Billing address	
Controller Name	
Phone Number	
Payment Terms	Net 30

Prepared By: _____ Date: _____

ACCU Use Only:

Verified By:	Signature:	Date:
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