NMS LABS

ACCOUNT REQUEST

NMS Account Number: (Internal Use Only)		Account Entered by: (Internal Use Only)	
Date:		Sales Representative:	
Name of person completing form:			
Company Name:		Main Phone#:	
Main Address:			
Length of Time In Business:		If less than 2 yrs previous address:	
Have you ever used our services in the past?		When?	

BILLING INFORMATION

Billing Attn of:		Phone#:	
Address		Fax #:	
		E-mail:	
City:	State:	Zip:	Company Website:

REPORTING INFORMATION

Reports Attn of:		Phone #:	
Contact Person:		Phone #: (if different from Reports to the attn. Of)	
Address:		Fax #:	
		E-mail:	
City:	State:	Zip:	Company Website:

TYPE OF BUSINESS

CORONER/ME OFFICE ☐	FORENSIC LAB ☐	POLICE DEPT ☐	INDUSTRIAL ☐	DOCTOR ☐
GSA/FEDERAL ☐	GOV'T/CRIME LABS ☐	CLINICAL LAB/HOSPITAL ☐	OTHER ☐ ______________	

TRADE REFERENCES

Name:		Account #:	
Address:		Phone # for Credit/AR Dept:	
		Fax # for Credit/AR Dept:	
City:	State:	Zip:	Company Website:
Name:		Account #:	
Address:		Phone # for Credit/AR Dept	
		Fax # for Credit/AR Dept	
City:	State:	Zip:	Company Website:

BANK REFERENCE

Bank Name		Contact Name:	
Address:		Phone #:	
		Fax #:	
City:	State:	Zip:	Account #:

NOTE: NMS LABS DOES NOT PROVIDE MEDICAID, MEDICARE OR ANY OTHER THIRD PARTY BILLING SERVICES

REV. 2 DATE 1/27/12