SAN JOSE biocenter

CORE ChemLab

ChemLab - Account Opening Form

Date of request _____

User Information

Name _____   Title _____

Company Name _____

Business Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Work Phone _____ Ext. _____

Cell Phone

Home Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Email Address _____

Emergency Contact 1

Name _____

Phone _____ Ext. _____

Emergency Contact 2

Name _____

Phone _____ Ext. _____

Instrument Needed

◯ HPLC   ◯ LCMS   ◯ NMR

Billing Information

Credit Card Type [   ]

Card Number _____

Card Verification Code [   ]

Expiration Date ____ /20 ____

Name as it appears on card _____

Billing Address

◯ Business Address   ◯ Home Address   ◯ Other: _____

Authorized signature of Credit Card Holder _____

- A $500 security hold will be placed on credit card for unassisted users only.
- Payment of services can be billed directly to credit card or paid for by cash or check.
- For monthly contracts, a 30-day written notice of termination is required.