

NEW ACCOUNT APPLICATION

Please print, complete all information requested and return to:

NH Veterinary Diagnostic Laboratory, 21 Botanical Lane, Durham, NH 03824
603-862-2726 (phone) or 603-862-0179 (fax)

Or email to: nh.vdl@unh.edu

Company name:		Da	te of application:	
*Business Type:	Business for Profit	Bus	siness Non-Profit	
,,	Education		lividual	
	Government		known	
Doing Business As (check if applicable)		Services rendered / products sold:		
Current Company Address		Previous Address		
Street:		Street:	Street:	
City, State, Zip:		City, State, Zip:		
*Results Email Address		Email:		
*E-mail Address for I	nvoice Delivery			
Telephone:		Telephone:		
Number of years at current address:		Number of years at previous address:		
Payer of account (if d	ifferent than above):			
Address:				
Telephone:				
Contact Title:				
Have you previously applied for an account with UNH?			If yes, when?	

I certify that I am the person named above and am authorized to conduct (name of company).	business on behalf of			
Signature:				
Payments must be received by UNH Business Services on or before the due date. In case of default in payments, the University of New Hampshire has the following rights and remedies, in addition to all other rights permitted by law: • To assess late fees and/or interest • To submit the debt to a collection agency or the University of New Hampshire Collection Department, without prior notice, for collection and/or litigation • The company agrees to pay all costs of collection, including reasonable attorney's fees This agreement shall be governed by the laws of the State of New Hampshire.				
Signature below indicates that the company agrees to the above terms as listed. Signature also certifies that information provided by applicant is accurate.				
Signature of owner or officer:	Date:			

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Under what business name?