



Thank you for your interest in doing business with S-BIO, the Hudson, NH facility of S-BIO. We look forward to providing you with quality parts and services.

Please provide the information below or forward the proper list of references so that we can open a new customer account for your facility. Please note that all credit references will be checked and terms will only be provided if sufficient customer information is obtained. S-BIO will not extend terms until all vendor responses have been received and were satisfactory. If you have any questions, please feel free to contact Ruth Robertson (603)546-6780.

Company Name: _____ Established: _____

Bill-to Address: _____

Ship-to Address: _____

Accounts Payable Contact Name: _____

AP Contact Phone: _____

AP Contact Email: _____

Provide a list of at least 4 trade references: *(Fax Numbers are necessary)*

Company Name _____

Phone _____

Fax _____

Company Name _____

Phone _____

Fax _____

Company Name _____

Phone _____

www.s-bio.com

S-Bio | A DIVISION OF VAUPELL HOLDINGS INC. | GROUP COMPANY OF SUMITOMO BAKELITE CO., LTD.

S-Bio – 20 EXECUTIVE DRIVE – HUDSON, NH 03051, USA
TEL: +1 603 546 6821 | FAX: +1 603 577 9968

Fax _____

Company Name _____

Phone _____

Fax _____

Please provide your bank reference:

Bank Name _____

Phone _____

Fax _____

Account Number _____

In some cases banks require you to authorize companies inquiring of your account history to obtain information on your accounts. We would like to verify your bank information, therefore please read and sign the below statement so that we can forward it to your bank if they need authorization.

Please provide a list of employees who have authorization to use purchase orders:

Full Name	Email Address

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I _____, being an authorized signature to your banking establishment, authorize S-BIO to obtain general account information for verification purposes only. They are to verify general account balances, and if our checking account is in good standing only. Our account number is _____ and our company name or name on our checking account is _____.

Authorized Signature _____

Please return this completed form to the attention of Ruth Robertson either via fax (603) 577-9968 or email Ruth.Robertson@Vaupell.com

Make note:

Physical Address:

**S-BIO
20 Executive Drive
Hudson, NH 03038
Minneapolis, MN 55485-6116**

Remit to Address:

**S-BIO
NW 6116
PO Box 1450**

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