ZELABS
ZOONOTIC EXPOSURE LABORATORY
A Division of VRL Laboratories

New Customer Profile Form

Please complete this brief profile form so we may serve you better.

PRIMARY CUSTOMER CONTACT

Company Name: _____

Contact Name(s): _____

Email: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Ext:** _____

BILLING CONTACT INFO/SEND INVOICES TO

Company Name: _____

Contact Name(s): _____

Email: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Ext:** _____

Notes: _____

Billing Instructions: Please check the preferred method of receiving Invoices

☐ **Email Address:** _____

☐ **Mail Billing Address:** _____

☐ **Invoice Portal Address:** _____

Contact Name: _____

Contact Phone: _____ **Ext:** _____

☐ **Other:** _____

Contact Name: _____

Contact Phone: _____ **Ext:** _____

COMPLETED BY

Name: _____ **Date:** _____

Phone: _____ **Ext:** _____ **Email:** _____

Please return completed form to: billing@ZELabs.com

Account information submitted on this form will remain confidential and be used for the sole purpose of communicating with you.

Thank You! We appreciate your business!