



QUIDEL

Customer Contact Information Form

Company Name: _____

Billing Address _____

Street address

City State/Province Zip/Postal Code Country

Shipping Information:

Company Name: _____

Shipping Address _____

Street address

City State/Province Zip/Postal Code Country

Attention: _____ Phone #: _____

Email: _____

End Destination for Product USA International

Contact Information:

Individual to Contact Regarding Purchase Orders

Name (please print): _____ Title: _____

Phone #: _____ Email: _____

Accounts Payable:

Name (please print): _____ Title: _____

Phone #: _____ Email: _____

Preferred Invoicing Method: Mail Email: _____

Preferred Payment Method: ACH EFT Check Credit Card (2% fee will be applied)

Wire (*International Only*)

Financial Information:

Estimated Monthly Purchase _____ (Must be provided)

Requested Credit limit _____

(For U.S. Customers Only) Purchases are: Taxable Tax Exempt Non-taxable State
(If Tax Exempt, Attach Exemption Certificate)

The above information is submitted to Quidel Corporation for the purpose of the named customer obtaining open account credit, and is warranted to be true and correct. The above named customer hereby confirms that it has carefully read the Terms and Conditions, which are available at <http://www.quidel.com/terms-of-sale> unless otherwise agreed in writing.

Print Name Signature

Title Date

E-mail or fax Completed Application Attention Customer Service:

customerservice@quidel.com (domestic)

Intcs@quidel.com (international)

Fax# 858-455-4960

Quidel Sales Representative Use Only	
For distributors, please include copy of executed agreement	
Domestic Direct	Domestic Distributor
International Direct	International Distributor
Government	Other

Quidel Finance Department Use Only					
Rating Type	Terms	Credit Limit	Tax	Notified BP	Customer File Updated
_____	_____	_____			

BP # _____

Created in System: _____ (Customer Service) Date: _____

Created in System: _____ (Finance) Date: _____