



CUSTOMER QUESTIONNAIRE

COMPANY INFORMATION

Company Name _____
DBA _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip _____
Phone _____
Website Address _____

CONTACT INFORMATION

BILLING - ACCOUNTS PAYABLE

First & Last Name _____
Title _____
Invoicing Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Ext. _____
Contact Email _____
Invoicing Email _____

****If applicable, please provide us with a current W9 and all applicable sales tax exemption documentation.**

TERMS: Our standard terms are Net 30 for approved accounts. If you prefer, we can process payments at time of shipping using Visa, MasterCard, Discover, or American Express. Please call the accounting department at 1-866-632-1291 to provide your credit card information.

PURCHASING

First & Last Name _____
Title _____
Address _____
City _____ State _____ Zip _____
Phone _____ Ext. _____
Email Address _____
Sales Order Acknowledgement Email _____

ADDITIONAL CONTACT

First & Last Name _____
Title _____
Address _____
City _____ State _____ Zip _____
Phone _____ Ext. _____
Email Address _____

PRIVATE LABELING

Would you like your AquaPhoenix manufactured reagents private labeled?

YES

NO

If YES, please complete the Private Labeling Guide.

SHIPPING INFORMATION

Do you prefer that we ship Prepay and Add for Freight Collect?

Prepay and Add

Freight Collect

- Small and Large Carrier _____
- (Optional) Second Carrier for Large Freight _____
- Account Number _____

LTL Billing Address:

Mailing Address

City

State

Zip

Country

ADDITIONAL INFORMATION



Private Labeling Guide

How to use this document: This is a fillable form. Please click on the boxes below and type your information directly into the fields. Once complete, save the document and email the completed form to info@aquaphoenixsci.com. It's important we collect accurate information as this will appear on your product labels and Safety Data Sheets.

1 Type the contact information that you would like to appear on your labels in the boxes below. This will default to AquaPhoenix contact information if left blank. **This information is mandatory. Due to OSHA/GHS label requirements, P.O. boxes are not acceptable.**

Company Name

Address (no P.O. box)

City

State / Province / Region

Postal Code Country

Business Phone

Hazardous Chemical Emergency Phone

2 Follow the logo requirements below for sending us your company logo. It's important you provide us a high-quality logo so that we can provide you with a printed product that you are proud to display.

Logo Requirements:

- Logos should be a minimum of 300 dpi.
- Acceptable formats include JPEG, PSD and EPS.
- DO NOT send logos that are in word, excel or powerpoint.

3 Email this document, along with your company logo, to your AquaPhoenix sales rep or info@aquaphoenixsci.com.

4 We will email you a proof of your label for approval.



Phenolphthalein Indicator Solution

0.5% w/v in Isopropanol

Code: PH1605-Q

Size: 1L **Lot #: 9AA000**

Expires: JAN/19

Supplied By: AquaPhoenix Scientific,
9 Barnhart Drive, Hanover, PA 17331
Business Phone: (717) 632-1291 Emergency Phone: 800-225-3924

Proper Shipping Name: Flammable Liquids, N.O.S., (Isopropanol)
UN Identification Number: UN1993


