



BUSINESS CREDIT REFERENCE

Date _____

BASIC INFORMATION

Business Name _____

Business type Individual Partnership Corporation

Specialty Type

Board Certified Allergist

ENT

General Practice/Internal Medicine/Family Practice

Pediatrics

Dermatology

Wholesale/Distributor

Pharmacy

Government

Laboratory

Teaching Hospital

Year Business Established _____

Previous JHS customer No Yes Account Number _____

PO Number Required No Yes

Tax Exempt Yes (provide copy of certificate) No

Billing Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Business Owner _____

Name of authorized person(s) who can purchase and make changes to the account

A Jubilant Life Sciences Company

OUR VALUES



Jubilant HollisterStier LLC
(Formerly Hollister-Stier Laboratories LLC)
3525, N. Regal, Spokane
Washington 99207, USA
Tel: +1 509 489 5656
Fax: +1 509 484 4320
www.HSallergy.com

Allergy Products Division

ONLINE ORDERING

Do you request access to be set up for online ordering? Yes No

If Yes, Contact Name _____

Email address _____ Phone Number _____

ACCOUNTS PAYABLE

Accounts Payable Contact Name _____

Phone Number _____ Fax Number _____

Email Address _____

Do you request to have invoices emailed? Yes No

Do you request to have statements emailed? Yes No

SHIPPING INFORMATION

Shipping Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Office Contact _____ Office Hours _____

Licensee Name _____

License Number _____ Expiration Date (mm/dd/yy) _____

State Issued _____ NPI Number _____

Licensee Signature _____

SHIPPING ADDRESS #2

Business Name _____

Shipping Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Office Contact _____ Office Hours _____

Licensee Name _____

License Number _____ Expiration Date (mm/dd/yy) _____

State Issued _____ NPI Number _____

Licensee Signature _____

SHIPPING ADDRESS #3

Business Name _____
Shipping Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Email Address _____
Office Contact _____ Office Hours _____
Licensee Name _____
License Number _____ Expiration Date (mm/dd/yy) _____
State Issued _____ NPI Number _____
Licensee Signature _____

REFERENCES

Please provide the bank reference and three trade references for your business.

Business Name _____
Bank Reference _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Email Address _____

Major Trade Reference #1 _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Email Address _____

Major Trade Reference #2 _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Email Address _____

Major Trade Reference #3 _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Email Address _____

The above information is for the purpose of obtaining credit, and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Printed name and title of authorized endorser _____

Date _____ Signature _____

Fax the completed form to (800) 752-6258 or email customerservice@jhs.jubl.com