

Spectrum Laboratories

PO Box 8401, Cincinnati, OH, 45208 (800) 721.1414

Office Hours 11am - 6pm EST, Mon - Fri

Fax# 513-979-5392 <http://www.urineluck.com>

Wholesale Customer Data Profile

Name of Applicant _____

Street Address _____ City _____ State _____ ZIP _____

Billing Address: _____ City _____ State _____ ZIP _____

Phone # (____) _____ Fax # (____) _____

Contact Name _____ Tax I.D. _____

Number of Locations _____ Years in Business _____

Names of Additional Persons Authorized to Place Orders: _____

Please list below three business references. Be sure to include name, phone number, fax number and contact person.

1.) Name _____

Address _____ City _____ State _____ ZIP _____

Contact Person _____ Phone # (____) _____

Fax # (____) _____

2.) Name _____

Address _____ City _____ State _____ ZIP _____

Contact Person _____ Phone # (____) _____

Fax # (____) _____

3.) Name _____

Address _____ City _____ State _____ ZIP _____

Contact Person _____ Phone # (____) _____

Fax # (____) _____

The above information is voluntarily provided to Spectrum Laboratories, and considered to be factual by the undersigned manager/owner.

Signature _____ Print Name _____

Title _____ Date _____