



Preclinical

Dr. John Peuroi, President
DVM, MPVM, Dipl. ACVP

215 C Street, Suite 301
Davis, CA 95616

Phone: (530) 753-4015
Fax: (530) 753-4055
www.vdxpathology.com

RESEARCH ACCOUNT INFORMATION

Company _____

VDx Use Only	
Account ID	_____

Primary Account Contact

Name	_____	Phone	_____
Address	_____	Fax	_____
	_____	Email	_____

Preferred form of written contact including notices under the Terms and Conditions

mail email

The Primary Account Contact is the individual with ultimate responsibility for your Company's account with VDx. VDx will direct communications regarding our services to this individual. You may change your account's Primary Account Contact and/or their contact information at any time by completing a new copy of this form, which can be found at www.vdxpathology.com.

Send Invoices To

Name	_____	Phone	_____
Address	_____	Fax	_____
	_____	Email	_____

Terms and Conditions: All services provided by VDx are subject to VDx Terms and Conditions, as updated from time to time, which are available at www.vdxpathology.com. By submission of this form, and by obtaining services, the Company accepts VDx Terms and Conditions.

Company Name: _____

Print Name and Title: _____

By (signature): _____

Date: _____