

New USC Seed Lab Customer Information

QC.F.020 2/3/2020 Approved: Quinn Gillespie

* Denotes a required field

	Denotes a required	iieiu	
Company:			
* Primary contact			
name(s):			
* Phone 1:			
Phone 2:			
* Email 1:			
Email 2:			
* Billing Address			
Street name:			
City:	State:	Zip Code	
Report of Analysis Delivery:	Emailed □ Mailed		
Shipping Address:			
☐ Same as Billing			
Street name:			
City:	State:	Zip Code	
Additional CC information:			
Please return to uscqa@universal	seed.com or qgillespie@	Quniversalseed.com	
USC Office Use Only			
	Billing Informatio	n	
Payment term: □ 30 Days □ 60	Days □ 90 Days		
Means of payment:	□ Check		
VAT number (if applicable)			
Other:			