

Genetrace Laboratories Inc.
Toll Free Tel: 1-877-714-6357
Toll Free Fax: 1-888-655-8877
Email: support@genetrace.com
www.genetrace.com

**FAX Completed Form to:
1-888-655-8877**

SHADED AREA FOR LAB USE ONLY

1. To sign up for a Reseller Account, complete the form below and submit to Genetrace by fax at 1-888-655-8877 or by email at support@genetrace.com.
2. Upon receipt, Genetrace will review and approve your application within 24 to 72 hours.
3. Once your application is approved, you will be provided with a login to access your Reseller Account to manage your orders and supplies online. A start-up package will also be delivered to you so you can begin selling DNA test kits immediately.

I. GENERAL INFORMATION

Type of Company / Institution

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Government Organization | <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Genetic Counselor |
| <input type="checkbox"/> Other (please specify) _____ | | | |

II. COMPANY / INSTITUTION INFORMATION

NAME OF COMPANY / INSTITUTION	TAX IDENTIFICATION NUMBER (if applicable)
STREET ADDRESS	CITY
COUNTRY	ZIP / POSTAL CODE
TELEPHONE NUMBER ()	FAX NUMBER ()
EMAIL ADDRESS	WEBSITE URL (if applicable)

NUMBER OF LOCATIONS (please list locations with address and contact information in a separate sheet and attach to this form, if applicable)

III. CONTACT INFORMATION

NAME OF MAIN CONTACT INDIVIDUAL FOR THIS ACCOUNT	POSITION
STREET ADDRESS	CITY
COUNTRY	ZIP / POSTAL CODE
TELEPHONE NUMBER ()	ALTERNATIVE TELEPHONE NUMBER ()
FAX NUMBER ()	EMAIL ADDRESS

IV. WHAT TYPES OF TESTS ARE YOU INTERESTED IN? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Private Paternity test kits | <input type="checkbox"/> Legally Admissible Paternity tests | <input type="checkbox"/> Health and Wellness testing |
| <input type="checkbox"/> Diet and Fitness testing | <input type="checkbox"/> Genetic Trait testing | <input type="checkbox"/> Ancestry testing |
| <input type="checkbox"/> Disease testing | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

V. CERTIFICATION OF APPLICATION

I affirm that all information provided in this application are true and accurate.

SIGNATURE OF SIGNING AUTHORITY	DATE OF SIGNATURE
PRINTED NAME	TITLE