

NEW CLIENT INFORMATION FORM

Business

Company Name:			
Company Phone:		Fax:	
Invoices Who do invoices get sent	to?		
Billing Contact:	Phone:	Email:	
Address			
Address 2:			
City:	State/Province:	Zip/Postal Code:	
Payment Method? □Che If you would like your card		ease call us at: 800-755-9295 (option 1)	
Reports Who do test results get se	ent to?		
Name	Title/	Position:	
Phone:	Email:		
Would you like web acces	ss to reports? \square If checked pro	ovide password	
Project name			
In order to stay with our G	reen Initiatives, unless you ne	ed hard copy results they will be emailed.	
Sample Container	Orders		
Who do the sample contai	iners get shipped to?		
Containers Contact:	Pho	ne:Email:	
Address			
Address 2:			
City:	State/Province:	Postal Code:	