



NEW CLIENT INFORMATION FORM

Business

Company Name: _____

Company Phone: _____

Business Address (*Physical Address*): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Invoices

Billing Contact: _____ Phone: _____ Email: _____

Address _____

Address 2: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Payment Method? Check Credit/Debit

If you would like your card to be saved in our system, please call us at: **800-755-9295 (option 1)**

Reports

Name _____ Title/Position: _____

Phone: _____ Email: _____

Would you like web access to reports? If checked, provide password _____

In order to stay with our Green Initiatives, unless you need hard copy results, they will be emailed.

Sample Container Orders (Shipped through UPS)

Containers Contact: _____ Phone: _____ Email: _____

Address _____

Address 2: _____

City: _____ State/Province: _____ Postal Code: _____

Is this a business address or resident address?