Name of client

Type of business (Engineering firm, laboratory, etc.)

Street address   P.O. Box   Years at this address

City   State   Zip   Area code   Phone

Eurofins Laboratory of Choice   City   State

Have you work with a Eurofins lab previously? If so, which one?

Eurofins requires a signed contract before beginning work. However, in the absence of a written agreement to the contrary, samples received from the client constitutes an acceptance by the client of Eurofins' offer to do business under Eurofins' Terms and Conditions, and an agreement to be bound by these Terms and Conditions.

STANDARD PAYMENT TERM IS NET 30 UNLESS OTHERWISE AGREED IN WRITING. Eurofins has the right to ask for payment in advance to establish credit or if the established payment terms are not adhered to. In the event of default in payment for services rendered, the client is responsible for reasonable collection and/or legal fees.

CHECK APPLICABLE BOX:

☐ Corporation   ☐ Partnership   ☐ Proprietorship

Federal ID #:

PRINCIPALS/OFFICERS:

1.

Name   Title   Phone

Business Address

2.

Name   Title   Phone

Business Address

3.

Name   Title   Phone

Business Address

ENVIRONMENTAL APPLICATION FOR CREDIT (Continued)

INVOICING INFORMATION:

Invoice contact name, address, phone and email[1]?

_____

_____

_____

_____

Information required for invoice authorization (✓) PO#　Project #　Contract #　Other _____

(Please note: By selecting one of options above, data will be held until information is provided.)

Information required for payment authorization (✓) PO#　Project #　Contract #　Other _____

(Please note: By selecting one of options above, data will be held until information is provided.)

Name and email address of contact for purchase order, project, and contract issues?

_____

ACCOUNTS PAYABLE CONTACT INFORMATION:

_____

Name　　　　　　　　　　　Phone　　　　　　　　　　　Fax

_____

Email address

PRIMARY REPORTING CONTACT INFORMATION (please email your Client Service Representative or Project/Account Manager if there are multiple reporting contacts):

_____

Name　　　　　　　　　　　Phone　　　　　　　　　　　Fax

_____

Email address

SAMPLE RETURN

Our standard procedure is to dispose of samples unless requested otherwise by the client. If requesting sample return after testing and reporting has completed, please provide UPS or Fed Ex account number _____.

Please complete and return so that an account can be opened and samples received for testing.
E-mail to your Client Service Representative or Project/Account Manager.

I certify that the information on this form is correct and terms of credit are agreeable.

_____

Date　　　　　　　　　　　　　　Signed

_____

　　　　　　　　　　　　　　　　Title

_____

[1] All invoices will be electronically submitted