Eurofins J3 Resources, Inc. NEW CLIENT PROFILE

Go ckdy: EJ3Reports@eurofinset.com

Firm Name		Phone:			Fax:	Date
Billing Address			Billing Em	ail Addres	s:	I
City	State	Zip				
Years in Business	☐ Corporation ☐	☐ Partnership		Sole Pro	pprietorship	
Name of Principal or Owner Title						
Type of Business				Point of	f Contact	
BANK INFORMATION						
Bank Name	e Cont				t	
Address						
City	State	Zip	Pho	ne:		Fax:
Account Information	☐ Checking ☐	3 Savings	Accou	ınt #		
TRADE/CREDIT REFERENCES						
Business Name					Contact	
Address				F	Phone:	
City	State	Zip)	I	Fax:	
Business Name				(Contact	
Address				F	Phone:	
City	State	Ziŗ)	I	Fax:	
Business Name				(Contact	
Address				F	Phone:	
City	State	Ziŗ)	F	Fax:	
I/We have read and understand Eurofins J3 Resources' terms and conditions and understand that submittal of samples to Eurofins J3 Resources for analysis constitutes agreement of all prices and conditions provided to me by Eurofins J3 Resources. The information above is submitted for the purpose of obtaining credit. I/We authorize your investigation of any of the above information. I/We understand that accounts not paid within established credit terms stated on invoice will be considered delinquent. It is agreed that a late payment charge of one-and-one half percent (1 1/2%) per month on the unpaid balance may be imposed on accounts owing after 30 days from initial due date. Should collection become necessary, I/We agree to pay all cost incurred, including a reasonable attorney's fee.						
Sig	Title				Date	