



Certified Laboratories, Inc.

Full Service Laboratory – Est. 1926

NEW CLIENT INTAKE FORM

DATE:

COMPANY NAME:

PRIMARY CONTACT:

(First & Last Name)

E-MAIL ADDRESS:

ALTERNATE CONTACT:

(First & Last Name)

E-MAIL ADDRESS:

STREET 1:

STREET 2: (PO BOX)

STREET 3: (SUITE/ROOM #)

CITY:

STATE:

ZIP CODE:

COUNTRY:

COUNTRY CODE:

TELEPHONE #:

EXT:

FAX #:

CELL #:

ACCOUNTS PAYABLE
CONTACT:

(First & Last Name)

E-MAIL ADDRESS:

TELEPHONE#:

EXT:

FAX:

FOR INTERNAL USE ONLY

Customer Category: