



NEW CLIENT FORM

CLIENT INFORMATION

COMPANY NAME: _____

CONTACT: _____ EMAIL: _____

PHONE: _____ MOBILE: _____ FAX: _____

CLIENT ADDRESS

BILLING ADDRESS

STREET ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

REPORTING/SHIPPING ADDRESS *(if different than above)*

STREET ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

REPORTING OPTIONS

FAX TEXT MESSAGE NOTICE EMAIL

PAYMENT INFORMATION

CREDIT CARD TYPE: VISA MASTERCARD AMEX DISCOVER

CREDIT CARD #: _____ EXP: _____

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____

By signing above, I hereby release and authorize the use of the above credit card to EMLab P&K.

INDUSTRY

GOVERNMENT AGENCY HOME INSPECTION IAQ CONSULTING INDUSTRIAL HYGIENE
 REMEDIATION OTHER

PROFESSIONAL TRADE ASSOCIATIONS

ACGIH AmIAQ AIHA ESA IAQA IESO MICRO OTHER: _____

HOW DID YOU HEAR ABOUT EMLab P&K? *(please write in the blank box below)*

Please complete this form and **fax to (800) 444-8156**. If you have any questions, please call us at (866) 888-6653. We look forward to supporting you with the best analytical quality and service in the IAQ industry.

Welcome to EMLab P&K!