

New Client Information

Company Name _____

Mailing Address _____

Primary Contact _____

Office Telephone _____

Cell Phone _____

E-mail address _____

Fax Number _____

Accounts Payable Contact _____

Office Telephone _____

Cell Phone _____

E-mail address _____

Fax Number _____

We prefer to deliver invoices by email. Please contact us if you require an alternate means for invoicing.

Results Distribution (Please provide email addresses) _____

We prefer to deliver reports by email. Other preferences can be specified on the Chain of Custody.

Provide Two Credit References (if payment is received in advance, credit references are not required)

Reference #1

Company Name _____

Contact _____

Phone _____

Reference #2

Company Name _____

Contact _____

Phone _____

Payment Terms

Invoices are due on receipt. Outstanding balances greater than 30 days are subject to a \$25 late fee and 18% per annum finance charge. If the account is not paid in full within 60 days of invoice, it will be considered in default. Any fees associated with the collection of the account, including but not limited to attorney's fees and court costs, shall be your responsibility under this agreement. Credit cards are not accepted.

Authorized Signature _____

Sign

Date

Return to: Gorge Analytical, LLC 1685 Tucker Road, Hood River, Oregon, USA, 97031 // e-mail: info@gorgeanalytical.com // fax: 866.293.1337

