



LABORATORY TESTING INC.

2331 Topaz Drive, Hatfield, PA 19440
Phone: 215-997-9141 ♦ Fax: 800-219-9096

Customer Information Form

Date _____

New Customer _____

Existing Customer _____

BUSINESS INFORMATION

Business Name _____ dba _____

Billing Address _____

Shipping Address (if different) _____

Phone # _____ Fax # _____ E-Mail _____

Type of Business: Corporation _____ Partnership _____ Sole Proprietorship _____ LLC _____

EIN _____ DUNS # _____

Date Business Established _____ Purchase Orders? Yes _____ No _____

Has your company ever filed for bankruptcy? Yes _____ No _____ If Yes, when? _____

Credit Amount Requested \$ _____ Expected purchases \$ _____ Mo / Yr

Name(s) of Principal(s)

- 1) _____ Title _____
- 2) _____ Title _____
- 3) _____ Title _____

Please check type of payment you prefer: Credit card: _____ (or) Net 30 Terms: _____

If you prefer terms please attach a copy of your trade reference sheet and send to cif@labtesting.com or fax (800) 219-9096.

In an effort to become more eco-friendly, LTI has gone paperless. We email or fax invoices, statements and certifications to our customers, which also helps ensure that they are delivered without delay and to the right people.

Please list the Primary Person to receive:

Invoice & Statement E-mail FAX Mail

Name _____ Title _____

Phone _____ Fax _____

Email _____

Certifications E-mail FAX Mail

Name _____ Title _____

Phone _____ Fax _____

Email _____

On behalf of the above named business, I hereby authorize Laboratory Testing Inc. to contact the trade references listed for credit ratings and to run any credit reports, as deemed necessary, for the purpose of making a determination on a request to establish a line of credit.

Authorized Signature _____

Date _____

Printed Name _____

Title _____

- **TERMS: Terms: Net 30 days from date of invoice unless otherwise stated. Pending credit approval, orders have to be paid in advance via EFT/ACH, Visa, MasterCard, or Amex.**