



QLab, 5 Allison Drive, Cherry Hill, NJ 08003
Tel 856.489.0011 Fax 888.752.2934

New Client Form

CLIENT INFORMATION

Company Name: _____
Contact Person: _____ Email: _____
Phone: _____ Mobile: _____ Fax: _____

INDUSTRY TYPE

Industrial Hygiene: __ IAQ Consulting: __ Mold Inspection: __ Government Agency: __
University: __ Remediation: __ Other : _____

CLIENT ADDRESS

BILLING ADDRESS

Account Contact (if different than contact person): _____
Street address: _____
City: _____ State: _____ Zip: _____

REPORTING/SHIPPING ADDRESS (if different than above)

Street address: _____
City: _____ State: _____ Zip: _____

REPORTING OPTIONS

Fax: _____ Email: _____

PAYMENT INFORMATION

PAYMENT OPTIONS

Pre-Payment by Check: ____
Pre-Payment by Credit Card: ____ (Please fill in Credit Card Information below)
QLab Credit Account: ____ (Dun & Bradstreet Report & Credit Application Required)

CREDIT CARD INFORMATION (Required if a Dun and Bradstreet report is not provided)

Credit Card Type: Visa: __ Mastercard: __ Amex: __ Discover: __ Card Security Code: _____
Credit Card #: _____ Expiration Date: _____
Cardholder Name: _____

Cardholder Signature:

By signing above, I hereby release and authorize the use of the above credit card to QLab to retain the information with regard to the credit card entered above and for payment on all purchases and transactions made with QLab.

PROFESSIONAL TRADE ASSOCIATION

AIHA: __ ACGIH: __ IAQA/AmIAQ/ IESO: __
OTHER: _____

Please fax this form to (888)752-2934 or give us a call at (856) 489-0011 if you have any questions.



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Credit Application Form

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Business: _____

Year of Business: _____ D&B#: _____ Fed. Emp. ID#: _____

Taxable: **Y** | **N** Tax Exempt #: _____

Type on Entity: Partnership Proprietorship Corporation

PRINCIPALS/OWNERS

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

TRADE REFERENCES

Reference 1. COMPANY NAME:

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Reference 2. COMPANY NAME:

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Reference 3. COMPANY NAME:

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

BANK REFERENCES

Account #: _____

Name of Bank: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Terms & Conditions

The undersigned (I or we) agree(s) to the following: (1) All statements made herein are true and accurate; (2) will make payment to all purchases according to agreed term; (3) all past dues after the term or payment due date will be accrued with a 1.5% monthly finance charge; (4) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser; (5) I or we authorize the release of all information needed to verify the content of this application or to otherwise process this application.