



QLab, 5 Allison Drive, Cherry Hill, NJ 08003
T. 856.489.0011 F. 856.489.0040

New Client Form

CLIENT INFORMATION

Company Name: _____

Contact Person: _____ Email: _____

Phone: _____ Mobile: _____ Fax: _____

INDUSTRY TYPE

- Industrial Hygiene IAQ Consulting Home 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: Hardcopy by Mail:

PAYMENT INFORMATION

PAYMENT OPTIONS

- Pre-Payment by Check
- Pre-Payment by Credit Card (Please fill in Credit Card Information below)
- QLab Credit Account (Credit Application Required)

CREDIT CARD INFORMATION

Credit Card Type: Visa Mastercard Amex Discover

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 ESA
- OTHER _____

Please fax this form to (856)489-0040 or give us a call at (856) 489-0011 if you have any questions.



QLab, 5 Allison Drive, Cherry Hill, NJ 08003
T. 856.489.0011 F. 856.489.0040

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 stated term of net 30 days; (3) all past dues after the above 30 days 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.