



NEW CUSTOMER FORM

Address: 6 Merrill Street, Unit 4, Salisbury, MA 01952
Phone & Fax: (888) 80-QALAB / (888) 807-2522
Local / Mobile: (978) 255-4355 / (978) 417-9395
Email/Web: jon@trelfalabs.com / www.trelfalabs.com
Hours: Monday - Friday, 8:30 AM to 5:00 PM, **Pickups No Later than 3:30 PM**

PLEASE COMPLETE YOUR GENERAL COMPANY INFORMATION:

Company				DBA	
Address					
City		State		Zip Code	
Main Contact Person	Full Name				
	Results Via	Email Fax Hard Copy	Email		
	Telephone		Fax		
A/P Contact Person	Full Name				
	Invoice Via	Email Fax Hard Copy	Email		
	Telephone		Fax		

PLEASE LIST ANY DEPARTMENTS IN YOUR COMPANY THAT WILL BE SUBMITTING CHAIN OF CUSTODY FORMS:

Department	Send Results	Send Invoices	Name	Phone	Email
QA	Yes No	Yes No			
R&D	Yes No	Yes No			
Other	Yes No	Yes No			

IF A THIRD PARTY SHOULD RECEIVE RESULTS AND/OR INVOICES, PLEASE COMPLETE THE FOLLOWING:

Company					
Address					
City		State		Zip Code	
Main Contact Person	Full Name				
	Telephone		Fax		Email
	Send Results	Yes No	Send Invoices	Yes No	

HOW DO YOU GENERALLY SUBMIT SAMPLES?

HOW OFTEN?

	Drop Off	Ship	Lab Pick Up
Daily	Weekly	Monthly	As Needed

IF YOU GAVE ROUTINE TESTING, PLEASE INDICATE WHICH DAYS. (THIS GIVES US A GENERAL IDEA OF YOUR SCHEDULE.)

Circle Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*
Parking/Pick Up Instructions						



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TRELFA LABS, INC. TERMS OF SERVICE

SCHEDULING TERMS

Notice: 24 hours advance: no charge
Pickups: No later than 3:30 pm
Rush or after hours / Saturday pickups: \$25.00 if we are not currently in your immediate service area
Rush or after hours / Saturday testing: \$25.00

PAYMENT TERMS

Service Minimums: Testing: \$30.00, Consulting & Training: \$50.00
New Clients: Pre-paid or pre-determined deposit for first service
Testing Payments Due: Net 30 days, unless under separate agreement
Consulting & Training Payments Due: Net 15 days, unless under separate agreement
Discounts: Negotiable for high-volume clients

By signing below, you agree to Trelfa Labs, Inc. Terms of Service:

Print Name			
Signature		Date	

IF YOU WOULD LIKE TO AUTHORIZE US TO MAKE PAYMENTS ON YOUR BEHALF PLEASE PROVIDE YOUR CREDIT CARD INFORMATION:

Full Name		Account #	
Exp Date		3 Digit Security Code	
COMPANY/ADDRESS INFORMATION ASSOCIATED WITH CREDIT CARD (IF DIFFERENT FROM PREVIOUS PAGE):			
Company			
Address			
City	State	Zip Code	

By signing below, you authorize Trelfa Labs, Inc. to make credit card payments for services rendered on your behalf.

Print Name			
Signature		Date	