



# COMMUNITY ENVIRONMENTAL LABORATORIES, INC.

## ACCOUNT SET UP FORM

CONTACT INFORMATION			
Client Name:			
Preferred method of communication:		Email: <input type="checkbox"/>	Phone: <input type="checkbox"/>
Primary Contact:		Title:	
Address:		City:	State: Zip:
Phone:	Fax:	Email:	
Secondary Lab Contact:		Title:	
Phone:		Email:	
Additional Email Address(es):			
PURCHASING INFORMATION			
Contact Name:		Title:	
Phone:	Fax:	Email:	
Purchase Order # Required:	<input type="checkbox"/> NO <input type="checkbox"/> YES	PO#:	
ACCOUNTS PAYABLE INFORMATION			
Contact Name:		Title:	
Phone:	Fax:	Email:	
Billing Address:		City:	State: Zip:
Contact Name on Invoice:			
Invoice Submission Preference (please select one):		Mailed: <input type="checkbox"/>	Faxed: <input type="checkbox"/> Email: <input type="checkbox"/>
FOR INTERNAL USE			
Account Name: _____		Sales Territory: _____	
Account Executive: _____		Acct. #: _____	

\*By signing below, the person as a representative of your organization agrees and guarantees payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_