

NEW CLIENT INFORMATION FORM:

How did you hear about us? _____

NAME OF BUSINESS: _____

CUSTOMER FIRST NAME: _____

Customer LAST NAME: _____

BILL TO ADDRESS: _____

MAIL TO ADDRESS: _____

TELEPHONE No: _____ FAX No: _____

EMAIL ADDRESS FOR REPORTS: _____

ACCOUNT PAYABLE INFO:

CONTACT PERSON: _____

TELEPHONE NO. : _____

EMAIL ADDRESS: _____

PAYMENT FORM (CIRCLE ONE): VISA MASTERCARD PAYPAL

CARD NUMBER: _____

NAME ON CARD: _____

EXP DATE: _____ SECURITY CODE _____

TERMS OF PAYMENT

Logan Labs LLC, will deliver reports by the terms of the agreement by prepay or net due.

- 1. Customer shall pay all invoices in full by agreed terms on or before the due date of invoice.**
- 2. In the event an invoice is not paid on or before the due day, interest may be imposed or account status may change to pre-pay**

Customer Signature

Date

Print Name

Title