

NEW CLIENT INFORMATION FORM:

How did you hear about us? _____

NAME OF BUSINESS: _____

CUSTOMER 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

CARD NUMBER: _____

NAME ON CARD: _____

EXP DATE: _____ SECURITY CODE _____

ZIP CODE FOR CREDIT CARD STATEMENT _____

TERMS OF PAYMENT

**Logan Labs LLC will deliver reports by the terms of the agreement.
Customer shall pay all invoices in full prior to receiving reports, unless other
arrangements have been made with accounting dept.**

Customer Signature

Date

Print Name

Title