



Express Toxicology Services

New Client Form

Please fill out all categories listed below:

Organization Name: _____ Sales Rep: _____

Street Address _____

City _____ State _____ Zip code _____

Telephone # _____

Owner's First Name _____ Last Name _____

(if different from above)

Contact Name _____ Contact Phone # _____

Other Authorized Recipients of Results _____

E-MAIL ADDRESS _____

Type: *(Please circle all that apply)*

Grower Processor Dispensary Private

License #'s _____

Pick Up Address: *(if different from above)*

Street Address _____

City _____ State _____ Zip code _____

Payment Options: *(Please circle how you plan on paying) *Payment due at time of service*

CASH CREDIT CARD CHECK

(if different from Owner)

Billing Contact Name _____ Phone # _____

How did you hear about us? _____

*

By checking this box, I consent to allow ETS to store my personal information in their system for over 60 days.

*By signing this, I acknowledge receiving proper sampling training and procedures according to Express Toxicology Services' SOP's.