



New Customer Account Application

Date: _____
 Company Name: _____
 Billing Address: _____

 City: _____ Province: _____
 Postal Code: _____
 Email: _____
 Phone number: _____
 Accounts Receivable: _____
 Email: _____
 Phone: _____
 Email Address(es): _____

**Terms: All invoices are emailed on the same date of reporting and payable within 30 days of receipt.
 Cheques are payable to Epoch Analytical Inc. EFT to accounting1@ealabs.ca**

Please provide two credit references if you wish to be invoiced:

1. Company Name _____ _____ Address: _____ City: _____ Phone: _____ email: _____	2. Company Name _____ _____ Address _____ City _____ Phone _____ email: _____
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Optional Credit Card Visa MC Amex

Name on Card: _____
 Card #: _____
 Signature: _____
 Please charge my credit card for this transaction only.
 Please keep my credit card on file for future transactions.

Office Use Only:

Comments: _____

EA Lab Code: _____

Approved by: _____