EALABS
EPOCH ANALYTICAL INC
ASBESTOS • LEAD • MOULD ANALYSIS

Head Office:
#100 – 42 Fawcett Road
Coquitlam, BC V3K 6X9
(604) 521-6806
reception@ealabs.ca

New Customer Account Application

Date: _____
Company Name: _____
Billing Address: _____

_____
City: _____ Province: _____
Postal Code: _____
Email: _____
Phone number: _____

Accounts Receivable
Contact Name: _____
Email _____
Phone: _____

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:_____

Optional Credit Card ☐ Visa ☐ MC ☐ Amex

Name on Card: _____
Card #: _____
Expiry _____ CVV: _____
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:

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