



CLIENT INFORMATION AND CREDIT FORM

REMITTANCE ADDRESS: PO BOX 1515 - TACOMA, WA 98401-1515

1317 South 13th Ave. - PO Box 479 - Kelso, WA 98626

(360) 577-7222 Fax (360) 425-9096

Fax Completed Form To (805) 526-7270 **Lab Location: Simi Valley**

Bill To:		Report To:	
Exact Name:		Exact Name:	
Division or Subsidiary:		Division or Subsidiary:	
A/P Contact:		A/P Contact:	
Address 1:		Address 1:	
Address 2:		Address 2:	
City:		City:	
State: Zip:		State: Zip:	
Phone No. () -		Phone No. () -	
Fax No. ()		Fax No. ()	
A/P Email Address:		Email Address:	

General Business Information

Years in Business:	Year of Inc.:	State of Inc.:	Tax ID No.:
Officers or Owner's Name		Title	

Bank Reference

Bank Name:	Officer Handling Account:
Address:	Phone No.: ()
City: State: Zip:	Account No.

Business Credit References

1. Company Name:	2. Company Name:
Contact Name:	Contact Name:
Phone No. ()	Phone No. ()
Fax No. () Email	Fax No. () Email
3. Company Name:	4. Company Name:
Contact Name:	Contact Name:
Phone No. ()	Phone No. ()
Fax No. () Email	Fax No. () Email

Billing Information

Purchase Order Required? Yes No	Dollar Amount Requiring Purchase Order: \$
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Additional Information Required on Invoices:

We certify that all information on this form is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Name:	Title:
<input checked="" type="checkbox"/> Owner/Officer/Authorized Signature: _____	Date:

Please indicate the customer type that best applies to your company:

<input type="checkbox"/> Consultant	<input type="checkbox"/> Government/Ports & Harbors	<input type="checkbox"/> Industrial - Manufacturing	CAS USE ONLY: Date: Customer No. Credit Status: Per:
<input type="checkbox"/> Consultant/Government	<input type="checkbox"/> Government/State	<input type="checkbox"/> Industrial - Medical/Biotechnic	
<input type="checkbox"/> Education Entity	<input type="checkbox"/> Industrial - Agriculture/Food	<input type="checkbox"/> Industrial - Minerals/Mining/Metals	
<input type="checkbox"/> DOD - Dept. of Defense	<input type="checkbox"/> Industrial - Automobile	<input type="checkbox"/> Industrial - Other Industry	
<input type="checkbox"/> DOE - Dept of Ecology	<input type="checkbox"/> Industrial - Chemical	<input type="checkbox"/> Industrial - Petroleum/Petrochemical	
<input type="checkbox"/> EPA - Environ Protection Agency	<input type="checkbox"/> Industrial - Commercial Waste	<input type="checkbox"/> Industrial - Telecommunications	
<input type="checkbox"/> Government/Federal	<input type="checkbox"/> Industrial - Construction	<input type="checkbox"/> Industrial - Transportation/Freight	
<input type="checkbox"/> Industrial - Electronics	<input type="checkbox"/> Industrial - Utilities/Energy		

Our Credit Terms: Net 30 Days from Invoice Date.

Finance Charges of 1½% (18% per annum) applied to balances over 30 days.



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CREDIT TERMS

- ♦ PAYMENT TERMS NET 30 DAYS FROM DATE OF INVOICE
 Terms other than Net 30 must be in writing and approved prior to invoicing.
 Credit Card Payments are an accepted form of payment.
- ♦ FINANCE CHARGES
 Invoices over 30 days will be subject to a finance charge of 1 ½ % per month
 (18% per annum)
- ♦ OTHER:
 Client shall be responsible for costs of collection including reasonable
 Attorney fees if such expense is incurred. Columbia Analytical Services,
 Inc. reserves the right to require payment prior to release of data.

WE ACCEPT CREDIT CARDS

If you would like to charge to your credit card, please provide the following information and fax it to Columbia Analytical Services, Inc. If you prefer, you may also charge your order by calling 360-501-3256.

Charge My Order To: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/>	
Credit Card Number	Expiration Date
Name As It Appears On Card	
Signature	
Company Name	
Contact Phone Number	
Please Fax My Credit Card Receipt To:	
Attention:	Fax # :
- OR -	
Please Mail My Credit Card Receipt To:	
Contact Name:	
Company Name:	
Address:	
Address:	
City:	State:
Invoice # and/or Service Request #:	