

General Information

Company Name: _____ Phone Number: _____
Company Address: _____

Authorized Contact(s)

Contact Name: _____ Title: _____
Address: _____ Phone Number: _____
_____ Email: _____

Receive Certificate of Analysis (COA): YES (Reports are sent via Email)
 NO (Contact will not receive COAs, but will have access to account information)

Additional Contact

Contact Name: _____ Title: _____
Address: _____ Phone Number: _____
_____ Email: _____

Receive Certificate of Analysis (COA): Yes No

**Please use additional sheets if you wish to include more contacts*

Billing Information

Billing Contact: _____ Email: _____
Billing Address: _____ Phone Number: _____

The information on this form will be used for the expressed purpose of your laboratory account set-up and management. Confidentiality is of the utmost importance at Food Microbiological Laboratories, Inc. and unauthorized persons will not be given information regarding your account, samples or results under any circumstances. Please keep your account information current so that the appropriate persons have access to critical data at all times.

Authorized Contact Name: _____

Authorized Contact Signature: _____ Date: _____

Please forward the completed form to clientservices@foodmicrolabs.com. If you have any questions, please contact us at 714-657-7527.

Thank you and we look forward to fulfilling your microbiological testing needs.