

New Customer Set-up form

Company Name				
Billing Address:	Shipping A	ddress:		
	- - -			
Billing E-mail Address if availableBilling Website if available				
Preferred Billing Method (circle one): *Purcha	ise orders	Credit Card	Wire Transfer	
Credit Card Details: Circle One: AMEX VISA M			Evn Data	
Card NumberName on card				
Billing Address for Card				
Oil Analysis Contact(s): name / phone/ e-mail ad	ldress			
Estimate on the number of samples you plan on	sending in to	get tested:		
sample(s) on a basis (circle one):	C		y Semi-annually	Yearly
I would like to receive reports through (circle on	ne):			
Mail Fax E-n	nail	Web		
Please check if you are in need of sampling	g supplies.			
Please E-mail completed form to Cher	yl@randglab	s.com or Fax to	(813) 793-4429	