



# ANALYTICAL SERVICES, INC.

ENVIRONMENTAL MONITORING & LABORATORY ANALYSIS  
110 TECHNOLOGY PARKWAY . NORCROSS, GA 30092  
(770) 734-4200 . FAX (770) 734-4201

## NEW ACCOUNT FORM

COMPLETED FORM MUST BE RECEIVED BEFORE ANALYSIS BEGINS

Please print clearly

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

**MAIL REPORT TO:**

**INVOICE TO:**

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Attention Name (Mr./Mrs./Ms.) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Attention Name (Mr./Mrs./Ms.) \_\_\_\_\_

**SHIP TO ADDRESS: (if different)**

Company Name \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Street Address \_\_\_\_\_  
Attention Name (Mr./Mrs./Ms.) \_\_\_\_\_

DO YOU HAVE AN NPDES PERMIT? YES \_\_\_ NO \_\_\_  
If yes, please submit your permit with this form so that we have a copy for our files and so that we will be able to notify you of any permit violations before you receive your laboratory report.

PO# REQUIRED? YES \_\_\_ NO \_\_\_  
If required, we must have it in our files before your report is issued.

Proprietorship: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Years in Business: \_\_\_\_\_

If corporation, name of registered agent: \_\_\_\_\_

Address: \_\_\_\_\_

**Officer(s) Name and Title:**

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Trade References:** Please complete or attach your Standard Letter of References

	Name	Address	Phone No.	Fax No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Special Instructions: \_\_\_\_\_

WE AUTHORIZE ASI TO CONTACT THE REFERENCES AND BANKS LISTED ABOVE. WE ALSO UNDERSTAND THAT THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE AND BE USED SOLELY FOR CONSIDERATION OF EXTENSION OF CREDIT TO US.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ASI Sales: \_\_\_\_\_

Acctg. Appr: \_\_\_\_\_

ASI Client #: \_\_\_\_\_

ASI PM: \_\_\_\_\_

Sr. Mgmt. Appr: \_\_\_\_\_