



New Customer Account Application

Date: _____

Company or Customer Name: _____

Billing Address: _____ City _____ Postal Code: _____

Accounts Payable Contact: _____

Phone: _____ Fax: _____

E-mail: _____

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.

Accounts Payable Contact: Winnie Pan at accounting1@ealabs.ca or call 604-521-6806 ext 112.

Please provide two credit references:

- | | |
|---|---|
| <p>1. Company _____

Address _____
City _____
Phone _____
Fax _____
Email: _____</p> | <p>2. Company _____

Address _____
City _____
Phone _____
Fax _____
Email: _____</p> |
|---|---|

Optional Credit Card Info: Visa M/C Other

Name on Card: _____

Card #: _____ Expiry Date: ____/____

Authorizing Signature: _____

- Yes ! Please keep my credit card securely on file for future transactions.
 Yes! Please send me a scanned copy of my credit card transaction receipt.

FOR OFFICE USE ONLY:

EA Client # assigned: _____ Approved by: _____

Please remit completed forms by fax to (604) 553-3371 or
scan email to accounting@epochenvironmental.ca for processing.