**EALABS.CA**
EPOCH ANALYTICAL INC.
LEADERS IN ASBESTOS ANALYSIS

## 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:  accounting1@ealabs.ca or call 604-521-6806 ext 112.

Please provide two credit references:

| | | | |
|---|---|---|---|
| 1. | Company name_____ | 2. | Company name_____ |

1.   Company name_____  
_____  
Address:_____  
City:_____  
Phone:_____  
Fax:_____  
Email:_____  

2.   Company name_____  
_____  
Address_____  
City_____  
Phone_____  
Fax_____  
Email:_____  

**Optional Credit Card Info:**   ☐ **Visa**     ☐ **M/C**     ☐ **Other**

Name on Card: _____

Card #: _____     CVV#:_____ 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 to accounting1@ealabs.ca for processing.