

Client Information

Natural Link **MOLD LAB**

4900 Mill Street
Suite 3
Reno, NV 89502

The following forms will allow us to set-up your account and establish any preferences you may have for reporting and billing. To help serve you better and complete projects quickly, please fill in all applicable information. Please call with any questions.

If this account is for a company, please fill out all sections. Individuals only need to fill out sections 1, 2, & 3.

SECTION I - Sample / Report Contact

This is an account for an: Company Individual

Account Name*: _____ *(This will appear on all cover sheets, reports and tables)

Primary Contact*: _____ Phone (____) _____ Phone 2 (____) _____ Fax (____) _____

Position / Title: _____ E-mail: _____

Additional Contact: _____ Phone (____) _____ Phone 2 (____) _____ Fax (____) _____

Position / Title: _____ E-mail: _____

Additional Contact: _____ Phone (____) _____ Phone 2 (____) _____ Fax (____) _____

Position / Title: _____ E-mail: _____

Additional Contact: _____ Phone (____) _____ Phone 2 (____) _____ Fax (____) _____

Position / Title: _____ E-mail: _____

Mailing Address*: _____ Shipping Address for supplies: _____

_____ Same as Mailing _____

SECTION II - Report Delivery Preferences

We provide our clients with both detailed analysis reports and summary tables for easy sample comparison on most sample types. To provide our clients with the quickest results possible, our default report delivery is by E-mail. Our E-mail will include:


Report Cover Analytical Report(s) & Tables Scanned Chain-of-custody Invoice / Receipt


Please deliver our reports also via: Fax Mail _____

SECTION III - General Information

How did you hear about us: Advertisement in _____ Received mailing Referral from _____

Presentation/Trade Show in _____ (city) Web site / Search Engine _____

 Hours of Operations:
Monday to Friday 8:00 a.m. to 5:00 p.m.
Saturday & Sunday Closed*
*(Please call with special requests for weekends)

The Laboratory is closed for the following holidays:
 New Years Day, Presidents Day, Memorial Day, Independence Day
Labor Day, Thanksgiving, Christmas Eve & Day, & New Years Eve

Choose one of our Prepayment* Discount Options when paying!

* Pre-payment required if you do not have established credit with akaMOLDLAB. Call for the forms.

Credit-Card Option - Save 5% of your total bill when paying by credit or debit card.

Check Prepayment option - Save 10% of your total bill when you bring full-payment at the time you drop-off your samples.

SECTION IV - Accounting / Billing Information

Purchase Orders Required

REQUIRED FOR COMPANIES, ONLY

Primary Contact*: _____ Phone (____) _____ Phone 2 (____) _____ Fax (____) _____

Position / Title: _____ E-mail: _____

Additional Contact: _____ Phone (____) _____ Phone 2 (____) _____ Fax (____) _____

Position / Title: _____ E-mail: _____

Billing Address*: _____ Please send additional invoice copies to: _____

_____ No. of copies: _____

Credit Card Form

Natural Link MOLD LAB

4900 Mill Street
Suite 3
Reno, NV 89502

Account Name _____

Please fill out this form completely and send back to us. Thank you.

Natural Link MOLD LAB, Inc. accepts VISA, MasterCard, American Express, and Discover cards.

Name on card: _____

Credit Card Billing Address: * (Required)

Personal card

Company card

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiration date

Month Year

Type of card

VISA MasterCard American Express Discover
 Credit Card Debit Card

Please select one of the following payment options for your card

- Please charge all invoices to the above card number
- Please fax a copy of the invoice to _____ at the following
fax number (_____) _____ for approval before charging
- Please only charge this one project and contact us before charging the next project

I _____ am an authorized signer for _____
Signer's Name Account / Company Name

and authorize **Natural Link MOLD LAB, Inc.**, to charge the above card in the above noted fashion. The listed company acknowledges that all projects will be sent to the listed company only with a successful authorization of funds on the listed card. If authorization does not go through, results will be held until payment is received for the full amount. **Natural Link MOLD LAB, Inc.** will keep all information contained on this form confidential.

_____/____/____
Authorized signature Title Date

Credit References

Natural Link MOLD LAB

4900 Mill Street
Suite 3
Reno, NV 89502

Account Name _____

For any open billing accounts, monthly-statement or project-invoice accounts, Natural Link MOLD LAB, Inc. requires three trade references to establish credit terms for your company. Please fill in all information completely. Any information provided to Natural Link MOLD LAB, Inc. for purposes of establishing credit with us will be considered to be completely confidential and shall not be disclosed to any third party except for the intended purpose of this application.

Pre-payment of all work prior to approval of credit is required. Payment by check or credit card each time a project is submitted or payment by retainer will be considered acceptable methods of pre-payment. We will inform you once credit terms are established.

Business References

Co. Name _____ Contact _____

Phone # (____) _____ Fax # (____) _____ Account # _____

Address _____ City _____ State ____ Zip _____

Co. Name _____ Contact _____

Phone # (____) _____ Fax # (____) _____ Account # _____

Address _____ City _____ State ____ Zip _____

Co. Name _____ Contact _____

Phone # (____) _____ Fax # (____) _____ Account # _____

Address _____ City _____ State ____ Zip _____

I _____ am an authorized signer for _____
Signer's Name Account / Company Name (Applicant)

and authorize **Natural Link MOLD LAB, Inc.**, to call the listed trade references to inquire about the listed company's payment history, payment patterns, established credit limits, and overall credit status with the listed trade reference. The applicant acknowledges that open billing accounts will only be established with sufficient credit history, to be determined by the sole judgment of **Natural Link MOLD LAB, Inc.** Once established, the applicant agrees' to pay all invoices by the established due date, Net 30 from invoice date, unless otherwise agreed upon. Late fees will be assessed on all unpaid invoices. Non-payment of an open-billing account will result in closure of that account and any collection costs will be born by the applicant.

Natural Link MOLD LAB, Inc. will keep all information contained on this form confidential.

_____/____/____
Authorized signature Title Date

Natural Link MOLD LAB, Inc. will provide a blank copy of our trade reference inquiry form to the applicant, upon request.

Chain-of-Custody Form

Account name _____

Sampling date _____

Project / P.O. _____

Submitter _____

Phone _____

Natural Link MOULD LAB 4900 Mill Street Suite 3 Reno, NV 89502

(866) 252-6653

(866) 252-MOULD

Phone (775) 356-6653

Fax (775) 356-6639

info@naturallinkmoldlab.com

Sample identification, description, and/or location	Sample volume	Analysis *					Alternative / additional analysis requested:	RUSH	
		FME	NFME	FC	BC	EC		24hr	48hr

(* FME, Fungal Microscopic Examination -- NFME, Non-Fungal Microscopic Exam -- FC, Fungal Culture -- BC, Bacterial Culture -- EC, E.coli (coliforms) ID

Submitter's Signature	Date Time : ____/____/____ : ____ am pm	Receiver's Signature	Date Time : ____/____/____ : ____ am pm
Submitter's Signature	Date Time : ____/____/____ : ____ am pm	Receiver's Signature	Date Time : ____/____/____ : ____ am pm

Lab use:	Control #: