



## NEW ACCOUNT FORM

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### CUSTOMER INFO

Business Name:	_____				
Mailing address:	_____				
City:	_____	State:	_____	Zip:	_____
Main Telephone:	_____	E-mail Address:	_____		

### BUSINESS TYPE

Cultivation:	<input type="checkbox"/>	Processing:	<input type="checkbox"/>	Extraction:	<input type="checkbox"/>	Product Manufacturing:	<input type="checkbox"/>
Wholesale:	<input type="checkbox"/>	Consulting:	<input type="checkbox"/>	Other:	_____		

### BILLING CONTACT

Name:	_____		
Telephone:	_____	E-mail Address:	_____

### LAB RESULTS CONTACT

Name:	_____		
Telephone:	_____	E-mail Address:	_____