

CLIENT INFORMATION FORM

ALL CLIENTS	
TYPE	NEW <input type="checkbox"/> OR UPDATE <input type="checkbox"/>
BUSINESS NAME	
BUSINESS TYPE	503A <input type="checkbox"/> 503B <input type="checkbox"/> MFG <input type="checkbox"/> OTHER
CONTACT PERSON	
ADDRESS	
CITY/STATE/ZIP	
WEBSITE	
PHONE NUMBER	
EMAIL ADDRESS	
REPORTING CONTACT	
PHONE NUMBER	
EMAIL ADDRESS	
BILLING CONTACT	
PHONE NUMBER	
EMAIL ADDRESS	
NEW CLIENTS ONLY - BILLING	
CREDIT CARD NUMBER	
EXPIRATION	
CVV	
NAME ON CARD	
CARD ADDRESS	
NEW CLIENTS MAY BE ELIGIBLE FOR NET-15 DAY TERMS AFTER SUCCESSFUL PAYMENT UPON COMPLETION BY CREDIT CARD FOR 6 MONTHS	
BY SUBMITTING SAMPLES TO FRONT RANGE LABORATORIES THE CLIENT AGREES TO THE QUALITY AGREEMENT AVAILABLE AT WWW.FRONT RANGE LABS.COM UNLESS A SPECIFIC AGREEMENT HAS BEEN ACKNOWLEDGED BY BOTH PARTIES. THE EFFECTIVE DATE OF THIS AGREEMENT IS THE DATE THE CLIENT SENDS THEIR FIRST SAMPLE TO FRL. THIS AGREEMENT IS IN AFFECT THROUGHOUT THE DURATION OF THE BUSINESS RELATIONSHIP BETWEEN FRL AND THE CLIENT	