

POLLUTION CONTROL SERVICES

NEW CLIENT INFORMATION

Company/Client Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Company Point of Contact _____

BILLING INFORMATION

Attention _____

Check here if billing address is same as above. If not, please continue.

Street Address _____

City _____ State _____ Zip _____

REPORT INFORMATION

When PCS has finished the analysis on your sample(s),
how would you like to receive your results?

- Mail
- E-Mail _____
- Fax (to above number), then mail
- Call when finished, I will then come and pick up the results
- Call with a verbal result, then mail
- As indicated on Chain of Custody
- Other _____

OFFICE USE: Posted By: _____

Date: _____