



NEW CLIENT ACCOUNT SETUP

Purpose of this form: Completion of this form allows our laboratory to set up a client account and prepare cost estimates. Submission of this form does not place an order for testing services. Email this form to speclab@speclabllc.com for processing.

1. Business Information

Legal Business Name:

DBA / Trade Name (if applicable):

Business Type (check one):

- Municipality / Public Water System
- Utility Authority
- Engineering or Environmental Consulting Firm
- Industrial / Commercial Facility
- Residential
- Other: -----

Billing Address:

Shipping Address (for sample kits/UPS/FedEx, if different): *Please note we cannot ship to P.O. Boxes*

2. Primary Contact Information

Primary Contact Name:

Title / Role:

Phone Number:

Email Address:

3. Accounts Payable / Billing Contact *(If different from primary contact)*

AP Contact Name:

AP Email Address:

AP Phone Number:

4. Anticipated Testing Needs

Primary Water Types to Be Tested (check all that apply):

- Drinking Water
- Groundwater/Well
- Surface Water
- Wastewater
- Other: _____

Requested PFAS Analyses (check all that apply):

- EPA Method 533 (compliance or monitoring)
- EPA Method 533 – Non-Compliance / Investigative
- PFAS Presence / Screening (non-regulatory)
- EPA Method 1633-Non-Compliance/Investigative
- Other PFAS-related analyses: _____

5. Anticipated Sample Volume

Estimated Number of Samples:

- Per month: _____
- Per quarter: _____
- Per year: _____
- One-time / occasional testing only

Estimated Project Duration:

- < 3 months
- 3–6 months
- 6–12 months
- Ongoing
- Unknown

Expected Start Date for Services (if known):

6. Turnaround Time Preferences

- Standard
- Rush (additional fees may apply)
- Mix of standard and rush

7. Sample Return Preference

- Drop off at lab
 - Mail/Ship back
 - Courier
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8. Payment & Invoicing Preferences

Preferred Payment Method:

- Check
- Client ACH

- Credit Card (2.99% credit card fee applies)
- Intuit® Bank Transfer (1% fee applies)
- Other: _____

Purchase Order Required for Invoicing?

- Yes
- No
- Not sure

If yes, please provide PO number (if available): _____

9. Request for Estimate

Do you want an estimate?

- Yes
- No

If yes, please list the number samples you would like to appear on the estimate and include any additional details that may affect pricing (multiple locations, recurring projects, reporting needs, etc.):

10. Acknowledgment

Account Setup Authorization

Submission of this form authorizes the laboratory to establish a customer account for billing and estimate purposes and to issue invoices for services rendered.

- I acknowledge and agree.*

I understand that submission of this form is for **account setup and estimate preparation only** and does not authorize laboratory testing or place an order.

Authorized Name (print):

Signature:

Date:

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