



## 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. Orders are placed through accepting estimates. To place an order, complete section 9. Email this form to [speclab@speclabllc.com](mailto: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*

---

Shipping Address is:

Commercial or business

Residential

## 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 1633A-Aqueous (Compliance or Monitoring)

Source Type:

- Free Flowing Sources
- Still Sources
- Leachate Sources

Is sampling part of NPDES compliance monitoring?

- Yes
- No

If yes, please provide permit number and analytes listed in the discharge permit:

EPA Method 1633A - Aqueous - Non - Compliance / Investigative

Source Type:

- Free Flowing Sources
- Still Sources
- Leachate Sources

EPA Method 1633A - Soils (Compliance or Monitoring)

Source Type:

- Soil
- Sediment
- Biosolids

EPA Method 1633A - Soils - Non - Compliance / Investigative

Source Type:

- Soil
- Sediment
- Biosolids

EPA Method 1633A - Tissue (Compliance or Monitoring)

Source Type:

- Plant
- Animal

EPA Method 1633A - Tissue - Non - Compliance / Investigative

Source Type:

- Plant
- Animal

EPA Method 1633 Suite - Non - Compliance / Investigative

Matrix Type:

Cosmetics  Fabrics  Plastics  Pesticide/Fungicide/Herbicide

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 Preferences

- Drop off at lab
  - Mail/ship back
  - Courier
- 

## 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): \_\_\_\_\_

**Additional payment and invoicing preferences/comments:**

---

## 9. Request for Estimate (complete this section to begin order process)

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, multiple entry points, source type, etc.):

---

## 10. Reporting Preferences

Do you want the lab to report your results to the state?

- Yes
  - No
- 

## 11. 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:

---

*Email this form to [speclab@speclabllc.com](mailto:speclab@speclabllc.com) for processing.*