

**LABORATORY SERVICES
CLIENT INFORMATION SHEET**

| |
|---|
| Company Name: |
| Date: |
| Mailing Address: |
| Billing Address (if different from above): |
| Tel: |
| Cell: |
| Fax: |
| E-mail: |
| Contact Person: |
| Title: |

BioFoodTech use only

| |
|----------------------------------|
| Client Identification # : |
| Date received: |



Date printed:

L-008 VS #1