

TERMS AND CONDITIONS**Payment Terms**

Prepayment is required for all first time clients. Payment terms are due upon receipt of invoice date, upon approved credit only. Accounts delinquent 90 days will be scheduled for collections. A late charge of 1.5% per month may be added to all unpaid balances. Delinquent accounts may be served on prepayment/ C.O.D basis.

Special Needs and Charges

Please contact our Sales Department for a quotation of full price list. A \$75.00 minimum charge per sample submission applies. Extra charges may be applied for rush analysis, special sample preparation, non-typical report format, consulting, or other non-typical customer request or needs.

Sample Submission

Before submitting a sample, new clients must fill out and submit our New Customer Paperwork. Please provide representative samples of the products you wish to be analyzed. Results only apply to the samples submitted to Michelson Laboratories, Inc. The following paperwork **MUST** be submitted with each sample:

Chain of Custody: Include name and address, telephone and fax number, e-mail address, sample identification, written instructions or list of analyses to be performed, date and signature.

Analysis Request Form: Include name, address, telephone and fax number, sample identification, analyses to be performed, date and signature.

Price quote: If you received an official price quote, please submit a signed copy with your sample.

Please submit perishable samples on ice to help maintain the integrity of the sample. All samples **MUST** be clearly labeled and identified, include instructions with samples, not separately. If your samples and paperwork are not submitted with all pertinent information, Michelson Laboratories, Inc reserves the right to not accept your sample submission.

Liability

Michelson Laboratories, Inc liability for any service rendered or test performed on behalf of a client is limited to the amount Michelson Laboratories, Inc has been paid by the client for that particular test or service. Michelson will not be liable for any consequential damages allegedly sustained by the client as a result of or in connection with a test or service performed by Michelson Laboratories. Under no circumstances shall Michelson Laboratories, Inc liability arising from or in connection with the performance of a test or service exceed the amount it was paid for that test or service.

Turnaround Times

Turnaround times are approximate, and do not include weekends or holidays for chemical analyses. The client will be charged an additional fee in the event Michelson Laboratories, Inc is requested to expedite an analysis and/or report. This fee is determined based on the type of test(s) conducted and the ordinary length of time required for the test(s).

Confidentiality

As a mutual protection to clients and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved, pending written approval of both parties.

Repeat Analysis

Michelson laboratories, Inc, may repeat analysis per the client's request. If the repeat analysis results confirm the original results, the client may be charged for duplicate testing.

I have read and agree to the Terms and Conditions listed above.

Print Name: _____

Signature: _____

Date: _____

Company Name: _____



Michelson Laboratories, Inc

ACCOUNT SETUP AND CLIENT PREFERENCE

SOP No.: ML-WI-CS-38.02
 Control# GI - 179
 Authorized by: G. Michelson
 Revised on: 06/26/09
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Business Contact Information

A/P Contact:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	Zip:	
Date Business Commenced:		Federal Tax ID Number:	
Sole Proprietorship:	Partnership:	Corporation:	Other:

Banking Information

Bank Name:			
Bank Address:			
Contact Name:	Phone:	Fax:	
City:	State:	Zip:	
Checking Account Number:			
Duns Number:	Credit Score:		

Primary Trade References

1. Company:	Contact Name:
Address:	
Phone:	Fax:
2. Company:	Contact Name:
Address:	
Phone:	Fax:

Preference For Data Reporting

1. Original Reports Sent To:		
Address (If different from business Address):		
Phone:	Fax:	E-mail:
2. Would You Like To Receive Reports Via Fax or E-mail:		
Fax Number:	Name:	
E-mail Address:	Name:	

Your signature above guarantees that the information provided is true and correct and authorizes Michelson Laboratories to verify the credit and banking information provided.

Signature: _____

How Did You Hear About Us?

Internet Search:	In Person (At a Show):
Magazine/Article:	Direct Mail Piece:
Referred By (Person or Company Name):	Other:



Michelson Laboratories, Inc

PAYMENT FORM

SOP No.: ML-WI-CS-39.01
 Control# GI - 180
 Authorized by: G. Michelson
 Revised on: 06/03/09
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Credit Card Information

Company Name:		
Company Billing Address:		
Name as Appears on Card:		
CC Billing Address:		
Type of Card : (We do NOT accept American Express or Discover)	Visa	MasterCard
Credit Card Number:		
Expiration Date:	Verification Number:	
Amount: \$		
Signature		

For Office Use Only

Account Number:	Environmental <input type="checkbox"/>	Laboratory <input type="checkbox"/>
Payment Type:	Credit Card	Check Number
Quote Number:		
Processed By:		
\$75.00 Minimum <input type="checkbox"/>	Letter of Approval <input type="checkbox"/>	Prepayment <input type="checkbox"/>
Credit App. Faxed <input type="checkbox"/>	Credit Approval <input type="checkbox"/>	References <input type="checkbox"/>
FDA Customer <input type="checkbox"/>	Comments:	
Amount:	Approved By:	Sales Person:
Requested By:	Entered By:	Reviewed By:

Entered In:

Chem Micro Navision