



**Michelson Laboratories, Inc.**  
 6280 Chalet Drive, Commerce, CA 90040  
 Ph: 562-928-0553 ♦ Fax: 562-927-6625

ML-WI-CS-38.06  
 Control #GI-179  
 Authorized by: QS  
 Revised on: 1/31/2024  
 Page 1 of 1

## Customer Setup Form

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Corporation     Partnership     Sole Proprietorship     Other \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_ Date Business Commenced: \_\_\_\_\_

**Business Address:**

**Billing Address (if different from business address)**

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Preference for Data Reporting:**

Would You Like to Receive Reports via:     E-Mail     Online Portal Access

E-mail 1: \_\_\_\_\_ Name: \_\_\_\_\_

E-mail 2: \_\_\_\_\_ Name: \_\_\_\_\_

E-mail 3: \_\_\_\_\_ Name: \_\_\_\_\_

E-mail 4: \_\_\_\_\_ Name: \_\_\_\_\_

**How Did You Hear About Us?**

Internet Search     In Person (At a show)   
 Magazine / Article     Referred by (Person or Company Name) \_\_\_\_\_  
 Direct E-Mail     Other \_\_\_\_\_

**OFFICE USE ONLY**

Account #: \_\_\_\_\_ Terms: \_\_\_\_\_  
 Environmental     Laboratory     Credit App Attached     Results Online   
 FDA Customer     Min Charge \_\_\_\_\_    Entered In: Chem     Micro     Ncal     Sage

Req. By/Date: \_\_\_\_\_ Ent. By/Date: \_\_\_\_\_ Rev. By/Date: \_\_\_\_\_



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ML-WI-CS-39.05  
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 Authorized by: QS  
 Revised on: 05/15/2024  
 Page 1 of 1

**Credit Information Form**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

<b>CREDIT CARD INFORMATION</b>			
Company Name: _____			
Company Billing Address: _____			
Name as Appears on Card: _____			
CC Billing Address: _____			
Type of Card:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	American Express <input type="checkbox"/> Other _____
Credit Card Number:	_____	Verification #	_____
Amount: \$	_____	Exp. Date:	_____
*Signature:	_____	Date:	_____

*\*By signing the above, I certify that I am an authorized user of this credit card and will not dispute this payment with my credit card company so long as the transaction corresponds to the terms indicated on this form.*

<b>BANKING INFORMATION</b> (If applying for credit)			
Bank Name: _____			
Bank Address: _____			
City:	_____	State:	_____ Zip: _____
Contact:	_____	Phone #:	_____ Fax #: _____
Bank Account #:	_____	Duns #:	_____ Credit Score: _____

<b>TRADE REFERENCES</b> (If applying for credit)			
Company:	_____	Company:	_____
Contact:	_____	Contact:	_____
Address:	_____	Address:	_____
Phone #:	_____	Phone #:	_____
E-mail:	_____	E-mail:	_____

*Your signature below guarantees that the information provided is true and correct and authorizes Michelson Laboratories, Inc. to verify and process the credit and banking information provided.*

Do you wish to keep this card on file for future payments?      Yes      No

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*By signing this agreement electronically, you agree to use an electronic signature as the legal equivalent of your handwritten signature for this agreement. By signing, you also consent to be legally bound by this agreement's terms and conditions.*

<b>OFFICE USE ONLY</b>			
Account #:	_____	Credit App Faxed:	<input type="checkbox"/>
Environmental <input type="checkbox"/>	Laboratory <input type="checkbox"/>	Credit Approval:	<input type="checkbox"/>
Prepayment Amount: \$	_____	Quote #:	_____
Credit Card: <input type="checkbox"/>	Check #: _____	Approved By:	_____
		References: <input type="checkbox"/>	LofA <input type="checkbox"/>
		Amount:	_____
		Invoice #	_____
		Date:	_____



# Michelson Laboratories, Inc

## 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. Extracharges 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. It is the responsibility of the client to provide accurate sample collection information for applicable sample types. Sample collection information can be critical to the analysis when the method has a holding time requirement, which can effect sample integrity/ validity.

### 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. Samples are retained for a minimum of 7 days and requests for reanalysis must be communicated within this time frame.

### Indemnification

The client shall indemnify fully, defend, and save and hold harmless Michelson Laboratories, Inc. (including its officers, shareholders, directors, agents, employees, and independent contractors) in the event that Michelson Laboratories, Inc. shall at any time suffer any damage, liability, loss, cost, or deficiency (including reasonable attorneys' fees and any and all other reasonable costs and expenses) caused by, arising out of, or resulting from a service or test performed by Michelson Laboratories, Inc. for you or on your behalf, regardless of whether the injury or damage is caused by Michelson Laboratories, Inc.'s passive or active negligence. This includes any and all claims, suits or actions brought by any third party for any alleged injury or damage arising out of or related to a service or test performed by Michelson Laboratories, Inc. for you or on your behalf.

***By using services provided by Michelson Laboratories, Inc., you agree to the Terms and Conditions stated above.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_