



## New Client Form

| Client Information  |        |   |
|---|--------|---|
| Company Name:   |        |   |
| Contact Name:   | Cell:  |   |
| Phone:  | Fax:   |   |
| Email:  |        |   |
| Client Address:   |        |   |
| Billing Address:  |        |   |
| Street:   |        |   |
| City:   | State: | Zip Code:   |
| Shipping Address (if different from above)  |        |   |
| Street:   |        |   |
| City:   | State: | Zip Code:   |
| Reporting Options: <input type="checkbox"/> Email <input type="checkbox"/> Fax  |        |   |
| How did you hear about GHC Labs?  |        |   |
| <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Internet <input type="checkbox"/> Sponsorship <input type="checkbox"/> Advertisement<br><input type="checkbox"/> Other: |        |   |
| <b>GHC Labs</b><br><b>314 Wheeler</b><br><b>Texico, NM 88135</b><br><b>P: 575-482-9589</b><br><b>F: 575-482-9592</b><br><b>WWW.GHCLABS.COM</b>  |        | <b>For office use only:</b><br>Acct #: _____<br>Date: _____<br>Notes: _____ |