

# New Customer Information Sheet: Peak Analytical LLC



Please fill this form out, if we have not tested for you before, or any of your business information has changed

## Customer Information

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

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

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

**(Please only include emails you want to receive receipts, manifest scans and results)**

## General Information [please answer all questions]

License Type: \_\_\_\_\_

How many samples do you need tested per month on average? (this helps us order enough supplies)  
\_\_\_\_\_

How did you first hear about us?  
\_\_\_\_\_

May we occasionally tag your business on our social media, and post microscopic pics of your product?

**Yes**                      **No**

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