

Client Profile Form

Client Information	
Company Name:	
Contact Name:	Email:
Phone:	Fax:

Shipping Address	Billing Address	<input type="checkbox"/> Check if same as shipping
Street Address:	Billing Address:	
Suite #:	Suite #:	
City, State Zip:	City, State Zip:	
	Billing Contact:	Ph:

Account Options		
Up-front Payment:	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Credit Card #:	Exp. Date:	CVV2 Code:
Open Account: <input type="checkbox"/> Terms Net 30 days (requires approval and references) (see Terms and Conditions)		

Credit References (Only needed to apply for open account)	
Company:	Contact Name:
Address:	Phone:
Suite #:	Fax:
City, State Zip:	Account #:
Company:	Contact Name:
Address:	Phone:
Suite #:	Fax:
City, State Zip:	Account #:
Company:	Contact Name:
Address:	Phone:
Suite #:	Fax:
City, State Zip:	Account #:

Submitted By:	Title:
Signature:	Date:

Must be signed by an authorized signatory of the company

Office use only Account #:	Date Established:	Set up by:
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Terms and Conditions

Hayes Microbial Consultants, LLC (HMC) operates under the laws and provisions of a limited liability company in the Commonwealth of Virginia.

The terms and conditions of open accounts are Net 30 days from date of invoice. After 30 days the customer will be placed on credit hold and no further work will be performed until payment has been received or arrangement for payment has been determined by HMC. After 60 days from invoice date, all unpaid invoices are subject a 10% surcharge, and referral to a collection agency. All costs associated with said action including reasonable attorney fees and court costs will be the responsibility of your company. You agree that this contract will be governed by the laws of the Commonwealth of Virginia and the jurisdiction and venue will be in the state of Virginia.

Customers that elect to use credit or debit cards as their method of payment will be charged weekly. All outstanding balances will be charged in full.

Any deviations from these policies must be made in writing and signed by authorized signatories of both Hayes Microbial Consultants and your company.

Company Name: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____