



## NEW CLIENT SETUP FORM

CLIENT NAME:	DATE:
PHYSICAL ADDRESS:	CITY/STATE/ZIP:
BILLING ADDRESS:	CITY/STATE/ZIP:
PRIMARY DER CONTACT NAME:	PHONE NUMBER: AFTER HOURS NUMBER: FAX NUMBER: EMAIL:
SECONDARY DER CONTACT NAME:	PHONE NUMBER: AFTER HOURS NUMBER: FAX NUMBER: EMAIL:
BILLING CONTACT NAME:	PHONE NUMBER: AFTER HOURS NUMBER: FAX NUMBER: EMAIL:

If you have any additional contacts you need listed for the account please put their information below:

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### COLLECTION FACILITY INFORMATION:

If you have collection facilities you already utilize please provide the information below or list the city, state and zip code of areas of where you will need a collection facility:

How did you hear about Integrity Testing & Safety Administrators?