



201 West Clay Avenue
 Hazle Township, PA 18202
 Phone: 570-455-6011
 Fax: 570-455-6321
 www.hawkmtnlabs.com

New Client Profile

Date :

Company Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Cell Phone :	<input type="text"/>		

Type of Ownership?

Corporation Partnership Sole Proprietor Subcontracted Lab LLC Other

Federal ID Number

INVOICE ADDRESS

Company Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Contact Name:	<input type="text"/>	Email:	<input type="text"/>

INVOICING REQUIREMENTS

Are Purchase Order Numbers Required? Yes No

Is there a default Purchase Order to be used? Yes No If so, list default PO#

Please provide :

- Credit Card (Please contact lab with this information)
- Cash
- Check





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CONTACT INFORMATION :

Accounts Payable:			
Email Address:			
Phone #:		Ext:	
Purchasing Agent:			
Email Address:			
Phone #:		Ext:	

Bank References :

Institution Name:			
Contact:			
Street Address:			
City:	State:	Zip:	
Phone #:	Fax:		

Credit Reference (1)

Company Name:			
Contact:	Title:		
Street Address:			
City:	State:	Zip:	
Phone #:	Fax:		

Credit Reference (2)

Company Name:			
Contact:	Title:		
Street Address:			
City:	State:	Zip:	
Phone #:	Fax:		





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Reporting Requirements

Report Distribution List:

Name:

Email Address:

Name:

Email Address:

Name:

Email Address:

Reports Transmitted Via:

Website

E-mail

Hard Copy

*Website access will require client set-up. Please contact HawkMtn Labs for more information.

Lab Use Only

- Start date
- Client set up in LIMS
- Invoicing set up
- Reporting set up
- Verification to client
- Complete
- End date

