Central Analytical Laboratories, Inc.
2315 N. Causeway Blvd Suite 150, Metairie, LA 70001
Phone# 504-297-3400 Fax# 504-297-3410

NEW ACCOUNT APPLICATION

Company Name _____

Contact Person _____

Send Report to: _____

(Name, address) _____

_____

Phone: _____/ _____ Fax: _____/ _____

E-Mail Address: _____ Email Report: Yes or No

Send Invoice to: _____

(Name, address) _____

_____

CREDIT INFORMATION

Established Eurofins customer with another division: Yes or No

If yes, Eurofins Division: _____ Division Customer #: _____

Please List name and phone number of three current credit references:

Company Phone Contact

1. _____
2. _____
3. _____

Dun & Bradstreet Reference Number: _____

TERMS

All CAL invoices are due in full within 30 days of invoice date. Accounts past due may be put on hold list, with services and results withheld. Past due accounts are subject to a **FINANCE CHARGE** of 1.5% per month. Delinquent accounts are liable for any and all costs associated with collection of the amounts due. Any legal actions necessary to secure payment of past due accounts will take place in Jefferson, Louisiana laws being applicable.

Samples determined to be hazardous will be returned to the client or given to a disposal company for the client's account. Certificates and results will not be released to customers whose accounts are over 30 days.

New accounts will require cash, check, signed purchase order or credit card (VISA / Mastercard / American Express / Discover) unless arrangements are made prior to analysis. Invoice minimum of $100.00 USD.

LIABILITY

Services done by CAL are done without prejudice and to the best of our ability. Liability for any claim relating to services performed by CAL will be limited to the amount invoiced by CAL for the analysis in question. Further, the client agrees to indemnify and hold harmless CAL for any/all claims relating to the services provided.

CAL reserves the right to change prices, conditions or services at any time and without notice.

_____ _____ _____

Authorized Signature Position Date

CAL INFO: LWKS Code _____ Cust. # _____ By _____ Date _____