



COMPANY INFORMATION	
Company Name:	
Address:	
Phone:	
Fax/Email:	
Tax ID Number:	
CREDIT REQUEST INFORMATION	
SGS Location:	
Requested Payment Terms (not to exceed NET 30):	
Total Requested Credit Amount for a 90 day period:	
<p>Accounts requesting credit require a copy of your W-9. New accounts will default to prepayment terms until credit is reviewed and approved. Kindly review our standard terms and conditions at http://www.sgs.com/en/terms-and-conditions. Please expedite the following information and return by email to ENV.Hayward.AR@sgs.com as soon as possible.</p>	
INVOICING	
Legal Name:	
Mailing Address:	
Phone:	
Fax/Email:	
PO# or other requirements:	
A/P Contact:	
A/P Email:	
Do you have an existing SGS Client Number. Or Special Invoicing Instructions?	

Invoices are provided in PDF format and can be issued at the following frequencies, please indicate preference below:

- Bill Post
 15th
 Month End

Unless otherwise indicated all laboratory submissions will be invoiced upon analysis completion "Bill Post".

DELIVERABLE

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Commercial "A" (Level 1) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> EDD_CSV Format | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Commercial "A" = Results, COC and Invoice Only

Client Signature : _____ **Date:** _____
SGS Signature : _____ **Date:** _____
Line of Credit Approved: _____ **Payment Terms Approved:** _____