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Client Notes

Submission Date	

Please complete and email to: lab@exactscientific.com or fax to: (888) 818-2978

Company Name	
DBA (If Different)	
Primary Contact Person	Email
Primary Phone Number	Cell Number (If Different)
Billing Address	
City	State Zip
A/P Contact Person	Phone Number
Accounts Payable Email(s)	
(Invoic	ces will be emailed to the address above)
Shipping Address (If Different))
City	StateZip
Is a purchase order (PO number)	required for invoicing? Yes No
Invoices to be received by Em	ail Only Hard Copy (Mail Only)
Results to be received by Em	nail Only Hard Copy (Mail Only) Email and Mail
Name Name Name	dual(s) to Receive Results (in Addition to Primary Contact Email Email Email Email
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FOR OFFICE USE ONLY Form Received Auth D	Patabase Verified Auth Accounting Verified Auth