



BABCOCK Laboratories, Inc.
The Standard of Excellence for Over 100 Years

Date: _____

New Client Form*

New Client Information

Company Name: _____

Contact for Reports: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax _____

Email Address: _____ Website: _____

Invoice Information (if different from above)

Company Name: _____

Contact for Invoice: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax _____

Email Address: _____

Additional Contacts for Reporting Purposes

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Please Circle One from Each Category That Applies to You

Industry:

Interest:

- Construction
- Consultant
- Laboratory
- School District
- Private Individual
- Private Company
- Water District
- Water Company
- County/State/Federal/Entity

- Drinking Water
- Groundwater
- Stormwater
- Wastewater
- Sludge
- Soil
- Hazardous Material
- Miscellaneous

FOR OFFICE USE ONLY

Client #: _____ Payment Method: _____

Beginning W.O.: _____ Account Manager: _____

Mailing Address
P.O. Box 432
Riverside, CA 92502-0432

Physical Address
6100 Quail Valley Court
Riverside, CA 92507-0704

P 951 653 3351
F 951 653 1662
www.babcocklabs.com

*By completing this form you agree to be bound by the [Babcock Laboratories, Inc. Terms & Conditions](#).