



179 West Broadway St. Dover, OH 44622
Phone: (330) 343-3711 Fax: (330) 343-9858
Email back to: lisas@rhlab.us Lisa Singhaus

Date: _____

Customer Information Form

COMPANY INFORMATION

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Contact Person: _____ Contact Number: () _____

PWS # (If Applicable): _____ STU # (If Applicable): _____

CUSTOMER RESULTS INFORMATION

Please list below all authorized individuals you wish to have receive results for your company:

Primary Results Contact: _____ Contact Number: () _____

Email Address: _____

Additional Results Contacts:

(1) _____ Contact Number: () _____

Email Address: _____

CUSTOMER BILLING INFORMATION

Please list below all authorized individuals you wish to have receive invoices and statements for your company:

Primary Billing Contact: _____ Contact Number: () _____

Email Address: _____

Billing Address: _____

Additional Billing Contacts:

(1) _____ Contact Number: () _____

Email Address: _____

Please state which options you would like to receive your invoice and results: (Check two)

() Email invoice

() Mail invoice

() Email results

() Mail results

Please select below how you wish to make payments to Ream & Haager Laboratory:

Check

Credit Card

ACH Transaction

CREDIT CARD AUTHORIZATION

I authorize _____ to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services performed. The maximum amount will be less than \$_____.

Please keep in mind if you are to pay by credit card, there is a 4% charge from the total price of the invoice.

Card Type: _____ Card Number _____

Expiration Date: _____ 3-Digit Security Code on Back _____

Authorized Signature _____ Date _____ Zip Code: _____