

# POLLUTION CONTROL SERVICES

## NEW CLIENT INFORMATION

Company/Client Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Point of Contact \_\_\_\_\_

## BILLING INFORMATION

Attention \_\_\_\_\_

Check here if billing address is same as above. If not, please continue.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## REPORT INFORMATION

When PCS has finished the analysis on your sample(s),  
how would you like to receive your results?

- Mail
- E-Mail \_\_\_\_\_
- Fax (to above number), then mail
- Call when finished, I will then come and pick up the results
- Call with a verbal result, then mail
- As indicated on Chain of Custody
- Other \_\_\_\_\_

OFFICE USE: Posted By: \_\_\_\_\_

Date: \_\_\_\_\_