

NEW CUSTOMER REQUEST FORM

Company Name:

Company Information

Street Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Website:

BioTrackTHC UBI:

License Number:

Billing Information

Billing Address:

City:

State:

Zip Code:

Contact First Name:

Contact Last Name:

Contact Phone:

Contact Email:

Sampling Addresses

Sampling Address 1:

City:

State:

Zip Code:

Phone:

Sampling Address 2:

City:

State:

Zip Code:

Phone:

Website User Information*

* Website users will be able to create order requests and view result reports

First Name

Last Name

Phone

Email (Username)

Notes



<https://www.aeoslabs.com>

Instructions:

Step 1 – Please complete this form with your company information.

Step 2 – Save a copy of the edited form containing your company information.

Step 3 – Email the completed form with your company information to info@aeoslabs.com.

Step 4 – You will receive a response to your email once your company information has been processed.

Questions? – Please use the Aeos Labs website to [contact us](#) with questions about this form or for general Aeos Labs inquiries.