

PRECISION TESTING LABORATORIES



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NEW CLIENT CONTACT INFORMATION FORM

Please fill out this form *only* if you are a new client with Precision Testing.

Test Report Address

Company Name _____

Contact Name _____ Job Title _____

Address _____ Suite/Bldg. _____

City _____ State _____ Zip _____

Phone # _____

e-mail _____ Web Site _____

Send Test Report Via: e-mail U.S. Mail

FEDEX / UPS Acct. Number (For sample returns): _____

Invoice / Accounts Payable

Contact Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone # _____ e-mail _____

Comments: _____

Precision Testing Laboratories standard payment and terms are Net 30.