

**NEW CLIENT ONBOARDING FORM**

**Instructions:** We recommend that you complete all fields directly in the form and return via e-mail to [Orlando.Invoices@et.eurofinsus.com](mailto:Orlando.Invoices@et.eurofinsus.com). We also need a W-9 form & three credit references submitted along with this credit application. If you have any questions, please call Accounts Receivable at 407-339-5984.

**APPLICANT INFORMATION:**

Company Name: \_\_\_\_\_ Main Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Purchase Order Required: Y N  
Full Billing Address: \_\_\_\_\_  
Controller's Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_  
Accounts Payable E-mail: \_\_\_\_\_  
Accounts Payable Phone: \_\_\_\_\_  
Company Type: \_\_\_\_\_

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**CREDIT APPLICATION**

**CREDIT LINE:** (Please only fill out credit application portion if requesting terms)

Requesting \$ \_\_\_\_\_ Credit Line \_\_\_\_\_ Terms: \_\_\_\_\_

**PAYMENT FORM:** Company Check ACH/Wire Credit Card

**SPECIAL INVOICE INSTRUCTIONS:** (Instructions on how to send invoices)

**FINAL APPROVAL:** (EETSE AR team only, terms over 60 days and credit lines over \$5,000 will need to be approved by management)

Approved \$ \_\_\_\_\_ Terms: \_\_\_\_\_

Approver Signature: \_\_\_\_\_ Name: \_\_\_\_\_

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By signing this agreement, I/We authorize the Eurofins Environment Testing Southeast to run a full Credit Check. If your credit history is deemed inadequate, our AR department will contact you with instructions for payment in advance.

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_