



CLIENT SETUP FORM

www.prescientlabservices.com

INSTRUCTIONS

1. Please PRINT CLEARLY when providing required information to ensure proper processing.
2. Please return completed form to customerservice@prescientlabservices.com.

CLIENT INFORMATION *(required)*

BUSINESS NAME	WEBSITE	EMAIL ADDRESS
STREET ADDRESS	PHONE NO.	FAX NO.
CITY	STATE	ZIP CODE

PRINCIPAL CONTACT INFORMATION *(required)*

LAST NAME	FIRST NAME	
STREET ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)	PHONE NO.	EMAIL ADDRESS
CITY	STATE	ZIP CODE

SECONDARY CONTACT INFORMATION

LAST NAME	FIRST NAME	
STREET ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)	PHONE NO.	EMAIL ADDRESS
CITY	STATE	CITY

SALES REPRESENTATIVE INFORMATION

SALES REP NAME (LAST, FIRST)	SALES REGION	PHONE NO.	EMAIL ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			

SPECIAL REQUESTS/OTHER

