Confidence Analytics, LLC

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NEW CUSTOMER FORM

BUSINESS

LCB Tradename:			**Preferred DBA (if different):**			
UBI #:			**License #:**			
Main Phone#:			**Main Email:**			
Tier (circle all that apply)	Tier 1	Tier 2	Tier 3	Medical	Personal	Processor
Grow Type (circle all that apply):	Indoor	Outdoor	Greenhouse	Variable	Processor Only	N/A

ADDRESSES

Mailing Address _____

City: _____ **County:** _____ **Zip:** _____

Physical Address _____

City: _____ **County:** _____ **Zip:** _____

Billing Address _____

City: _____ **County:** _____ **Zip:** _____

CONTACTS

Sample Results and Questions

Name: _____ ☎: _____ ✉: _____

Transportation of Samples

Name: _____ ☎: _____ ✉: _____

Billing Contact

Name: _____ ☎: _____ ✉: _____

REFERRAL SOURCE

☐ **Website** ☐ **Print Ad** ☐ **Word of Mouth** ☐ **Event** ☐ **LCB**

PAYMENT TERMS

By using our services, you agree to pay upon completion of results unless other terms have been made. We observe standard business practices for services rendered.