

NEW CLIENT FORM

COMPANY NAME:	
MAILING ADDRESS:	
CONTACT PERSON:	
<i>PRIMARY PHONE:</i>	
<i>CELL PHONE:</i>	
<i>E-MAIL ADDRESS:</i>	
<i>FAX NUMBER:</i>	
ACCOUNTS PAYABLE CONTACT:	
<i>PHONE:</i>	
<i>E-MAIL ADDRESS:</i>	
<i>FAX NUMBER:</i>	
Purchase Order Number:	

If you wish to view your results on our website you may do so by selecting a username and password.

Username (case sensitive): _____

Password (case sensitive): _____

Note: Password must contain one alphanumeric digit (i.e. #, @, !, \$)

Once you are registered you may access your results by going to our login page at www.isotek-labs.com

Return form to : 5225 Nw 5th street, Oklahoma City, OK 73127-5801 or email to info@isoteklabs.com