



Michelson Laboratories, Inc.
 6280 Chalet Drive, Commerce, CA 90040
 Ph: 562-928-0553 ♦ Fax: 562-927-6625

ML-WI-CS-38.04
 Control #GI-179
 Authorized by: G. Michelson
 Revised on: 6/6/2011
 Page 1 of 1

Customer Setup Form

Date: _____

Company Name: _____
 Corporation Partnership Sole Proprietorship Other

Federal Tax I.D. Number: _____ Date Business Commenced: _____

Business Address:

Billing Address (if different from business address)

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Contact: _____

A/P Contact: _____

Phone #: _____

Phone #: _____

Fax #: _____

Fax #: _____

E-mail: _____

E-mail: _____

Preference for Data Reporting

Would You Like to Receive Reports via: Fax E-Mail Results Online

Fax #: _____ Name: _____

E-mail 1: _____

E-mail 2: _____

How Did You Hear About Us?

Internet Search In Person (At a show)
 Magazine / Article Referred by (Person or Company Name) _____
 Direct Mail Piece Other _____

OFFICE USE ONLY

Account #: _____ Terms: _____
 Environmental Laboratory Credit App Attached Results Online
 FDA Customer Min Charge _____ Entered In: Chem Micro Ncal Navision
 Req. By/Date: _____ Ent. By/Date: _____ Rev. By/Date: _____



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ML-WI-CS-39.03
 Control #GI-180
 Authorized by: G. Michelson
 Revised on: 8/24/2011
 Page 1 of 1

Credit Information Form

Date: _____

Company Name: _____

CREDIT CARD INFORMATION	
Company Name: _____	
Company Billing Address: _____	
Name as Appears on Card: _____	
CC Billing Address: _____	
Type of Card:	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
Credit Card Number: _____	Verification # _____
Amount: \$ _____	Exp. Date: _____
Signature: _____	Date: _____

BANKING INFORMATION (If applying for credit)	
Bank Name: _____	
Bank Address: _____	
City: _____	State: _____ Zip: _____
Contact: _____	Phone #: _____ Fax #: _____
Bank Account #: _____	Duns #: _____ Credit Score: _____

TRADE REFERENCES (If applying for credit)	
Company: _____	Company: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
E-mail: _____	E-mail: _____

Your signature guarantees that the information provided is true and correct and authorizes Michelson Laboratories, Inc. to verify the credit and banking information provided.

Signature: _____ Date: _____

OFFICE USE ONLY			
Account #: _____	Credit App Faxed: <input type="checkbox"/>	References: <input type="checkbox"/>	LofA <input type="checkbox"/>
Environmental <input type="checkbox"/> Laboratory <input type="checkbox"/>	Credit Approval: <input type="checkbox"/>	Amount: _____	
Prepayment Amount: \$ _____	Quote #: _____	Invoice #: _____	
Credit Card: <input type="checkbox"/> Check #: _____	Approved By: _____	Date: _____	



ANALYSIS REQUEST FORM

Please Fill Out and Return with Sample(s)

Company Name:
Address:

Date:
Contact:
Phone No.:
Fax No.:
E-Mail:

Identification of Sample(s):

Sample 1:
Sample 2:
Sample 3:
Sample 4:
Sample 5:
Sample 6:
Sample 7:
Sample 8:

[] Yes, I am a new account to Michelson Laboratories, prepayment required.
[] Call w/ Results [] Prepaid [] Rush (Double Charge) [] Fax Results [] E-mail Results

CHECK ANALYSIS DESIRED:

For different methods or sample sizes offered in parentheses, please circle desired method or sample size.

MICROBIOLOGICAL ANALYSES:

- Aerobic Plate Count / Standard Plate Count
Bacillus cereus
Bacterial Identification
Campylobacter Elisa by VIDAS (25g / 375g)
Clostridium perfringens
Colifrom (MPN / Petrifilm / Rinse / VRB)
E. coli (MPN / Petrifilm / USP)
E. coli O157:H7 Elisa by VIDAS (25g / 375g)
E. coli O157:H7 PCR by GDS (25g / 375g)
E. coli O157:H7 8 hour
E. coli O157:H7 12 hour (375g)
E. coli O157:H7 20 hour (25g / 375g)
Lactic Acid Bacteria
Listeria spp. Elisa by VIDAS (25g / 375g)
Listeria spp. PCR by GDS (25g / 375g)
Listeria monocytogenes Elisa by VIDAS (25g / 375g)
Listeria monocytogenes PCR by GDS (25g/ 375g)
Pseudomonas (FDA / USP)
Salmonella Elisa by VIDAS (25g / 375g)
Salmonella PCR by GDS (25g / 375g)
Salmonella 24 hour
Salmonella 24 hour
Salmonella USP
Shigella
Staph aureus Coagulase+ (AOAC / USP)
Staphylococcus Enterotoxin
Vibrio
Yeast & Mold (FDA / Isogrid / USP/ Rinse)
Yersinia

MICROBIOLOGICAL WATER ANALYSES:

- Coliform (Colilert / Colisure)
Coliform, Colilert Quantitray
Enterococcus (Enterolert / MPN)
Heterotrophic Bacteria
Water Potability

FILTH / DECOMPOSITION:

- Decomposition
Filtth

*A \$75.00 Minimum charge per submission applies
*Michelson Laboratories, Inc. performs over 400 tests,
If you do not see your test here please contact us.

PROXIMATE ANALYSES:

- Moisture
Protein
Fat
Ash
Calories (Includes: M,P,F, A)
Carbohydrates (Includes: M,P,F, A)
Fiber, crude
Fiber, total dietary
Solids, total

DAIRY ANALYSES:

- Butterfat (Mojonnier)
Milk Component Analysis
Somatic Cell Count
Total Solids

ENVIROMENTAL ANALYSES:

- EPA 524.2 EPA 8015B
EPA 552.2 EPA 8021B
EPA 608 EPA 8260
EPA 624 EPA 8270C
EPA 625 EPA 8081 / 8082

WASTEWATER / STORMWATER:

- Ammonia
BOD - Biological Oxygen Demand
COD - Chemical Oxygen Demand
Chloride
Chlorine Residual
Conductivity
Cyanide
Fluoride
MBAS
Oil & Grease
pH
Phenol
Sulfide
Settable Solids
Total Dissolved Solids
Total Solids
Total Suspended Solids
Turbidity

GENERAL CHEMISTRY ANALYSES:

- Benzoic Acid pH
Chloramphenicol Phosphorous
Cholesterol Propionic Acid
Fatty Acid Profile Salt
Fluoroquinolones Sorbic Acid
Gentian Violet LC/MS/MS Sugar Profile
Histamine TBA (Rancidity)
Lycopene
Malachite Green LC/MS/MS
Melamine LC/MS/MS
Nitrofurans LC/MS/MS
Methyl Mercury
Pesticides (Carbamate)
Pesticides (Organo Halide)
Pesticide (Organo Phosphate)

NUTRITIONAL LABELING:

- Nutritional Label (Includes Trans Fat)
(100g serving size will be used unless
otherwise specified)
List Serving Size:

MINERALS & METALS:

- Aluminum
Arsenic
Cadmium
Calcium
Copper
Fluoride
Iron
Magnesium
Manganese
Nickel
Potassium
Sodium
Zinc
Low Detection Limit for requested Mineral Sample

VITAMIN:

- Folic Acid
Niacin
Riboflavin
Thiamin
Vitamin A, Carotene
Vitamin A, Retinol
Vitamin A, Total
Vitamin B6
Vitamin B12
Vitamin C

Other:

Authorizing Signature: Date:
Additional Instructions:



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Commerce, CA 90040-3761

Phone: (562) 928-0553

(888) 941-5050

Fax: (562) 927-6625

www.michelsonlab.com

CHAIN OF CUSTODY

Lab Copy

CLIENT INFORMATION				BILLING INFORMATION				COURIER SERVICE					
Client:				Address:				Date Ordered:		Time:		Initial:	
Address:								Schd P/U Date:		Time:			
Phone:				[] Prepaid:				[] Courier Charge:		Waiting Time:			
Contact:								[] Rush		[] After Hours		[] Back Track [] NC	
E-mail:				Special Instructions:				Please pick one of the following:					
P.O.:								[] Sampling		[] Pick-Up		[] Delivery [] Special Project	
Notes:								Pick-Up Address:					
LAB USE ONLY	DESIGNATION OR PRODUCT DESCRIPTION						CONTAINER(S)		ANALYSIS REQUESTED				
JOB NUMBER	SAMPLE			SAMPLE DESCRIPTION			#	PRESER- VATION					
	MTRX	DATE	TIME										
Relinquished By: Signature				Date:		Time:		Received By: Signature		Date:		Time:	
Relinquished By: Signature				Date:		Time:		Received By: Signature		Date:		Time:	
Condition of Sample: [] Ambient [] Cold [] Frozen [] Other				Cooler Temp:		How Transported: [] Ambient [] On Ice [] In Ice Chest				Temp:		pH:	

Extra charges may apply for rush analysis, special sample preparation, non-typical report format, or other non-typical customer request or needs.



TERMS AND CONDITIONS

Payment Terms

Prepayment is required for all first time clients. Payment terms are due upon receipt of invoice date, upon approved credit only. Accounts delinquent 90 days will be scheduled for collections. A late charge of 1.5% per month may be added to all unpaid balances. Delinquent accounts may be served on prepayment/ C.O.D basis.

Special Needs and Charges

Please contact our Sales Department for a quotation of full price list. A \$75.00 minimum charge per sample submission applies. Extra charges may be applied for rush analysis, special sample preparation, non-typical report format, consulting, or other non-typical customer request or needs.

Sample Submission

Before submitting a sample, new clients must fill out and submit our New Customer Paperwork. Please provide representative samples of the products you wish to be analyzed. Results only apply to the samples submitted to Michelson Laboratories, Inc. The following paperwork MUST be submitted with each sample:

Chain of Custody: Include name and address, telephone and fax number, e-mail address, sample identification, written instructions or list of analyses to be performed, date and signature.

Analysis Request Form: Include name, address, telephone and fax number, sample identification, analyses to be performed, date and signature.

Price quote: If you received an official price quote, please submit a signed copy with your sample.

Please submit perishable samples on ice to help maintain the integrity of the sample. All samples MUST be clearly labeled and identified, include instructions with samples, not separately. If your samples and paperwork are not submitted with all pertinent information, Michelson Laboratories, Inc reserves the right to not accept your sample submission.

Liability

Michelson Laboratories, Inc liability for any service rendered or test performed on behalf of a client is limited to the amount Michelson Laboratories, Inc has been paid by the client for that particular test or service. Michelson will not be liable for any consequential damages allegedly sustained by the client as a result of or in connection with a test or service performed by Michelson Laboratories. Under no circumstances shall Michelson Laboratories, Inc liability arising from or in connection with the performance of a test or service exceed the amount it was paid for that test or service.

Turnaround Times

Turnaround times are approximate, and do not include weekends or holidays for chemical analyses. The client will be charged an additional fee in the event Michelson Laboratories, Inc is requested to expedite an analysis and/or report. This fee is determined based on the type of test(s) conducted and the ordinary length of time required for the test(s).

Confidentiality

As a mutual protection to clients and ourselves, all reports are submitted as the confidential property of clients and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved, pending written approval of both parties.

Repeat Analysis

Michelson laboratories, Inc, may repeat analysis per the client's request. If the repeat analysis results confirm the original results, the client may be charged for duplicate testing.

I have read and agree to the Terms and Conditions listed above.

Print Name: _____

Signature: _____ Date: _____

Company Name: _____