



New Client Form

Client Information		
Company Name:		
Contact Name:	Cell:	
Phone:	Fax:	
Email:		
Client Address:		
Billing Address:		
Street:		
City:	State:	Zip Code:
Shipping Address (if different from above)		
Street:		
City:	State:	Zip Code:
Reporting Options: <input type="checkbox"/> Email <input type="checkbox"/> Fax		
How did you hear about GHC Labs?		
<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Internet <input type="checkbox"/> Sponsorship <input type="checkbox"/> Advertisement <input type="checkbox"/> Other:		

GHC Labs
314 Wheeler
Texico, NM 88135
P: 575-482-9589
F: 575-482-9592
WWW.GHCLABS.COM

For office use only:
Acct #: _____
Date: _____
Notes: _____