



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		
<i>Sample Results and Questions</i>		
Name: _____	☎: _____	✉: _____
<i>Transportation of Samples</i>		
Name: _____	☎: _____	✉: _____
<i>Billing Contact</i>		
Name: _____	☎: _____	✉: _____

REFERRAL SOURCE
<input type="checkbox"/> Website <input type="checkbox"/> Print Ad <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Event <input type="checkbox"/> 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.