



IVS Labs NEW ENVIRO CLIENT INFORMATION FORM

Please complete all information in the fields below.

COMPANY NAME

Company Name:

Postal/Delivery Address:

Key Contact Person and Title:

INVOICING DETAILS

Accounts Person:

Accounts Email:

INFORMATION REQUIRED

Environmental Sampling
Site/s (list all separately):

Resource Consent to be provided to IVS:

TESTING REQUIREMENTS

SITE	FREQUENCY OF TESTING	MONTH/S OF THE YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Any other specifications:

SERVICE REQUIRED

Environmental Monitoring Program (12-month term)
and includes IVS Sampling Team Yes No

On-demand Testing Yes No

IVS Sampling Yes No

Self-Sampling Yes No

Other (please specify)

Please submit via email to: treatment@ivs.co.nz