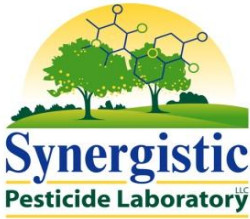


Client Account Form



Please submit this form to SPL in order to open a client account by either:

email: info@synpestlab.com

fax: 503-954-3073

mail: 2700 N Hayden Island Dr, Bldg B
Portland, OR 97217

Company Name: _____

Address: _____

Main Contact

Name: _____

Phone: _____

Fax: _____

email: _____

Address: _____

How would you like to receive reports? (check all that apply)

email fax mail

Accounts Payable Contact

Name: _____

Phone: _____

Fax: _____

email: _____

Address: _____

How would you like to receive invoices? (check all that apply)

email fax mail

By signing this form, I declare that I have the authority to open this client account.

Name (print): _____

Signature: _____

Title: _____

Date: _____