



NEW CLIENT FORM

Business Information	
Business Name	
License # (if applicable)	
Business Address	

Point of Contact for Invoices		
#1	Name	
	Phone Number	
	E-mail	
#2	Name	
	Phone Number	
	E-mail	
Preferred Payment Method		
<input type="checkbox"/> ACH		<input type="checkbox"/> Check
<input type="checkbox"/> Cash		<input type="checkbox"/> Debit/Credit

Point of Contact for Lab Results		
#1	Name	
	Phone Number	
	E-mail	
#2	Name	
	Phone Number	
	E-mail	
#3	Name	
	Phone Number	
	E-mail	
Please list any additional contact here:		

By selecting yes, I give my consent to have my products featured by The Higher Commitment.

Yes No

You will be sent an invite to register with Confident Cannabis. When your tests are complete, you will get an email from Confident Cannabis to 'View Order'. Follow the link and sign in with your email address and password created during registration. If you have any questions, please contact the lab.

