

**UC DAVIS ANALYTICAL LABORATORY
APPLICATION FOR NON-UC CLIENT ID**

Laboratory E-mail Address: anlab@ucdavis.edu

Laboratory Fax Number: 530-752-9892

CLIENT Information

Name of Business Entity: _____

Requestor Name: _____ **Position:** _____

Mailing Address: _____ **Phone:** () _____

_____ **Email:** _____

FEIN(Federal Taxpayer ID Number): _____ (Mandatory) Tax Exempt

Affiliation: United States Foreign (Outside United States)

Category: Private Business Non-Profit Education Individual Partnership
 Government: [Federal State City County]

Will you be submitting imported soil samples? No Yes **If yes, please contact the office to discuss the specifics of submitting foreign soil samples.**

COPY TO Information (A designated "Copy To" person receives a copy of the analytical results. Only one such individual can be assigned to a client ID. A "Copy To" person is not required.)

Name: _____ **Position:** _____

Phone Number: () _____

Email: _____

Test results are distributed as an Excel attachment to an e-mail.

ACCOUNTING Information (It is recommended that your bookkeeper complete this section.)

Please note: An invoice will be issued after analytical results are provided. **Payment is due upon receipt of invoice.**

Purchasing Agent/Bookkeeper:

Name: _____ **Email:** _____

Phone: () _____

A purchase order will or will not be issued for work submitted by the above-referenced client.

Method of Payment will be made by: Check Wire Transfer (International Payments)

(Note: Credit card payments are not accepted at this time.)

Analytical Lab Office use only

Date Application Received: _____

Project Code EXT: EDU GOV IND Other: _____ Client ID # Assigned: _____

Processed By (initials): _____ on (date): _____

University of California W-9 / Credit References / Remit To Instructions sent to client: _____

DaFIS Customer ID Created: _____