PinPoint Testing **CLIENT INTAKE FORM**

Please complete this form with all relevant details of key contacts within your lab.

CLIENT NAME: _____

INSTRUMENT MAKE/MODEL		

LAB MANAGER(S)		
PHONE/EMAIL		
LAB ADDRESS		

SHIPPING CONTACT		
PHONE/EMAIL		
SHIPPING ADDRESS		

ANALYST(S)		
PHONE/EMAIL		
ANALYST(S)		
PHONE/EMAIL		

ACCOUNTING CONTACT		
PHONE/EMAIL		
BILLING ADDRESS		

RECOMMENDED AIRPORT(S)		
RECOMMENDED HOTEL(S)		
RECOMMENDED TRANSPORTATION	☐ UBER ☐ LYFT ☐ TAXI ☐ RENTAL CAR	

PINPOINT TESTING