

NEW CLIENT CHECKLIST

GOBI STANDARD BUSINESS HOURS

8AM-6PM
M-F

10AM-2PM
SATURDAY



COMPANY INFORMATION

LICENSEE NAME:

LICENSEE PHONE NUMBER(S):

BUSINESS ADDRESS:

SAMPLE PICK UP ADDRESS (if different from above):

TEST REPORTS CONTACT INFORMATION:

CONTACT LICENSEE:

EMAIL:

PHONE NUMBER:

ACCOUNTING CONTACT INFORMATION

CONTACT LICENSEE:

EMAIL:

PHONE NUMBER:

ADDITIONAL LICENSES

LICENSEE NAME:

LICENSEE PHONE NUMBER:

COPY OF STATE LICENSE:

COPY OF LOCAL LICENSE:

BUSINESS ADDRESS:

LICENSES

COPY OF STATE LICENSE:

COPY OF LOCAL LICENSE:

GOBI SERVICE AGREEMENT:

SIGN: _____

DATE: _____