



# Client Information Form

## Company Information:

Company Name:		Restaurant Name:	
Mailing Address:			
City:	State:	Zip:	
Company Website:			
Phone Number:	Ext:	Fax:	

## Primary/Emergency Contact Information:

Primary Contact Name:		Job Title:	
Phone Number:	Ext:	Fax:	
Email Address:	Cell Phone Number:		
<input type="checkbox"/>	Check this box if you would like access to results 24/7 through our online client portal		

## Alternate Contact Information:

Alternate Contact Name:		Job Title:	
Phone Number:	Ext:	Fax:	
Email Address:	Cell Phone Number:		
<input type="checkbox"/>	Check this box if you would like access to results 24/7 through our online client portal		

## Additional Contacts For Results Reporting:

Results reports will be sent through email to the Primary and Alternate Contacts and will be available on the client portal. If you have additional contacts who need to be copied on results reports, please enter them below.

Alternate Contact Name:	Email:
Alternate Contact Name:	Email:
Alternate Contact Name:	Email:

## Billing/Invoicing Information:

Billing Contact Name:		Job Title:	
Phone Number:	Ext:	Fax:	
Email Address:	Cell Phone Number:		
Mailing Address:			
City:	State:	Zip:	

## Purchase Order Information:

Will you require a purchase order to pay invoices? Yes:  No:

To submit this form: Fax to 972-623-0055 or email to [afl@aftexas.com](mailto:afl@aftexas.com)