

# Brookside LABS

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## Consultant & Client Information Sheet

### Check One:

- New Client
- New Consultant
- Change in Client Information
- Change in Consultant Information

Date: \_\_\_\_\_

Client Number: \_\_\_\_\_

### Instructions:

*For clients, the only information required is Name, Address, City and State.*

*For consultants, all information is required.*

Consultant Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Test Defaults		Report Format
<input type="checkbox"/> S001 <input type="checkbox"/> S001A <input type="checkbox"/> S001B <input type="checkbox"/> S001C <input type="checkbox"/> S001P <input type="checkbox"/> S0012 <input type="checkbox"/> S001N <input type="checkbox"/> S001AN <input type="checkbox"/> S001BN <input type="checkbox"/> S001CN <input type="checkbox"/> S001PN <input type="checkbox"/> S005	<input type="checkbox"/> S007 <input type="checkbox"/> S013 <input type="checkbox"/> S015 <input type="checkbox"/> S003 <input type="checkbox"/> S006 <input type="checkbox"/> 006W=w/client water <input type="checkbox"/> S010 <input type="checkbox"/> Other _____	Pick One: <input type="checkbox"/> lb/ac <input type="checkbox"/> ppm only <input type="checkbox"/> lbs/1000 sq. ft. <input type="checkbox"/> kg/ha PPM <input type="checkbox"/> Yes <input type="checkbox"/> No

### Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_