



Lebanon, New Hampshire
Plattsburgh, New York
Williston, Vermont

Account Information

Report Information:

Client Name / Business Name: _____
Mailing Address: _____
Contact Person / Title: _____
Phone Number: _____ Fax Number: _____
Cell Phone # (if applicable) : _____
e-mail address: _____

Regulatory Information:

New York: Drinking Water: PWS # _____, Wastewater: SPDES # _____
New Hampshire: DW: EPA Nos _____, WW, NPDES # _____
Vermont: DW: WSID Nos _____, WW NPDES Nos _____
Other _____

Billing Information:

Billing Address: _____
Billing Contact Person / Title: _____
Phone Number: _____ Fax number: _____
Billing e-mail address: _____
Monthly Statement Contact Person: _____
Phone Number: _____ Fax number: _____
Monthly Statement e-mail address: _____
Purchase Order Number (where applicable): _____
Purchase Orders based upon project (Y/N) _____
Credit Card auto-pay (Y/N) _____

Shipping Information:

Shipping Address: _____

Notes:



Lebanon, New Hampshire
Plattsburgh, New York
Williston, Vermont

Additional Points of Contact:

Any other employee that is allowed to make inquiries regarding data or that can be contacted in your absence:

Name / Title: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Name / Title: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Name / Title: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Name / Title: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Name / Title: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Signed:

I hereby certify that the information contained herein is true and correct, and that I am authorized to change the information on this account

Signed: _____ Date: _____

Please check if the above information is a change to an existing account. Account # _____



Lebanon, New Hampshire
Plattsburgh, New York
Williston, Vermont

Credit Application Account References:

Company

Contact

Phone Number

E-Mail Address

Company

Contact

Phone Number

E-Mail Address

Company

Contact

Phone Number

E-mail Address

Other Pertinent Account Information:

Account terms are listed on each invoice. All invoices must be paid on time unless other arrangements are made with the laboratory. Accounts will be removed from active status if they are not kept up-to-date. An late payment charge of \$35 or 1 ½ % per month, whichever is higher, is charged for all invoices past 30 days past due.

I hereby authorize the trade references listed in this application to release the information necessary to assist ENDYNE INC in establishing an account for our company.

Authorized Signature

Title

Date



Automatic Credit Card Payment Authorization

The Automatic Credit Card Payment Program is designed to automatically pay your testing invoices using your credit card. No more writing checks, no more worrying about whether or not you remembered to pay your invoices. Your credit card is charged for each invoice and a copy of the invoice and credit card receipt are sent with your final report. You have the choice of using your Visa or Mastercard. If you would like to enroll in this program, please complete the information requested below and mail this completed form to the lab(s) to which you bring samples:

Endyne, Inc.
160 James Brown Drive
Williston, Vermont 05495

Endyne, Inc
56 Etna Rd
Lebanon, NH 03766

Endyne, Inc.
315 New York Rd
Plattsburgh, NY 12903

or fax the form to (802) 879-7103

(603) 678-4893

(518) 563-0052

Receipt of a completed form authorizes Endyne, Inc. to charge the amount of your invoices to your credit card. This agreement can be terminated at any time by either party **by written notice**. In the event the charges are denied by your credit card company, you will be notified and an alternate form of payment will be requested. Customer credit card information is never stored electronically in any form at Endyne, Inc.

Credit Card Authorization

Type of Card: Visa Mastercard

Credit Card No: _____ Exp: _____

3-digit security code: _____ Billing zip code: _____

Name (as it appears on card): _____

Signature of Authorized Individual: _____

Today's Date: _____

Client Name: _____ Client Account #: _____

If you have any questions regarding this form or the program, please call your local lab.
Williston, VT: (802) 879-4333
Lebanon, NH: (603) 678-4891
Plattsburgh, NY (518)563-1720



Our Laboratory accreditation program requires that we obtain written approval from our clients in the event we subcontract testing to an accredited outside Laboratory. Endyne operates three Laboratories in the region, samples may be transferred to be tested at any of these regional Endyne labs regardless of where the sample is delivered. The following analysis may be subcontracted should the need arise:

<u>Parameters/Test Group</u>	<u>Parameters/Test Group</u>	<u>Parameters/Test Group</u>
Gross Alpha	Asbestos	Karl Fisher Water
Radium 226&228	Carbamates	Perchlorate
Uranium	Dioxins	Reactive Cyanide
Radon	Halides, Total Organic	Reactive Sulfide
Flash Point	Halides, Total	Total Organic Carbon
NYS SOC Parameters		

Company Name: _____

Authorizing Agent: _____ Title: _____
 (Print Name Clearly)

Signature: _____ Date: _____

Our accreditation program also states that samples requiring a temperature preservation must adhere to the requirement of ≤ 6 Celsius. Micro samples should be received at a temperature of ≤ 10 Celsius. When samples arrive at the lab above the temperature all analysis is halted until authorization from the client is given to proceed.

Your signature below grants Endyne permission to proceed with analysis with a temperature qualification on the final certificate.

Signature: _____ Date: _____

Please return to us at your earliest convenience. Thank you for your cooperation.



Williston
 160 James Brown Drive
 Williston, VT 05465
 Ph. 802-879-4333
 NELAP 2021

Lebanon
 56 Etna Road
 Lebanon, NH 03766-1446
 Ph. 603-678-4891
 NELAP 2037

Plattsburgh
 315 New York Ave
 Plattsburgh, NY 12903
 Ph. 518-563-1720
 NELAP 11892

www.endynelabs.com



Lebanon, New Hampshire
Plattsburgh, New York
Williston, Vermont

Laboratory Services Agreement

Endyne Inc. (herein referred to as "Laboratory") offers services under the General Terms and Conditions provided, unless there is a separate agreement in writing executed by the Client and the Laboratory. These terms and conditions may not be changed or modified without a written amendment executed by both parties.

If the Client is ordering work on behalf of others, the Client is the duly authorized agent with responsibility for payment of invoices, unless a written agreement is in place for the other party.

The Laboratory performs all services using US Environmental Protection Agency, American Water Works Association and the Water Pollution Control Federation standard methods and other recognized procedures. The Laboratory reserves the right to deviate from these procedures based upon professional judgment as a means of accomplishing the analysis when the samples present unique problems or complications.

The Laboratory will provide one copy of the report to the Client. Copies of bench sheets and standalone data packages are available for an additional charge.

The Laboratory will retain the report and hard copy of the data package for seven- ten (7-10) years. All reports, field data, data packages, notes, calculations and other documents shall remain property of the Laboratory. Requests for additional copies of reports, copies of data packages or subsequent review of data, will be available and performed for reasonable technical, administrative and reproduction charges.

Invoices will be sent upon submittal of the sample to the Laboratory or upon submittal of results to the Client. The Client will be assessed a \$35 late fee for invoices paid after 30 days past due. Attorney's fees or cost incurred to collect delinquent amounts shall be paid by the Client.

The Laboratory will use that degree of care and skill ordinarily exercised under similar circumstances by members of the profession practicing in the same or similar locations performing these services. This warrantee is in lieu of all other warranties expressed or implied. The Client agrees to limit the Laboratory's liability to the Client arising from the Laboratory's negligent acts, errors or omissions, such that the total liability of the Laboratory to all those named shall not exceed \$50,000 or the fee amount of the agreement, whichever is greater. In the event that the Client is unwilling or unable to limit the Laboratory's liability to this amount, this limitation may be waived for additional fee considered dependent on the limit of the project liability insurance coverage desired.

Pricing for services does not include the cost of shipping the sampling materials, sample shipping, or courier service unless specified in the quotation, approved services contract or otherwise approved by laboratory management.

The parties agree that this contract shall be governed by and construed in accordance with the laws of the State of Vermont in connection with all matters arising out of this contract. The parties agree that the courts of the State of Vermont will have exclusive jurisdiction over any legal proceeding arising out of this contract.

The client will properly package, label and transport all samples, hazardous, and or suspected hazardous materials to the laboratory.

The Laboratory reserves the right to refuse samples which in our sole judgement may pose a hazard or risk when handling, processing or transporting. We may return any samples to the client. The Client may authorize Endyne Inc. to properly dispose of hazardous materials if the Client or generator properly manifests the material and pays for the disposal from our facility. Endyne will not sign as the generator disposing of the waste material.

The laboratory will not be responsible for delays or failure to perform service pursuant to this agreement due to cause beyond our control such as natural events, power failures, equipment failures, etc.

The Laboratory reserves the right to subcontract services ordered the by Client if, in the Laboratory's judgment it is necessary or if requested by client. The Laboratory will not be liable for subcontracted services beyond the cost of those services. These include but are not limited to the following tests: Gross Alpha, Radium 226/228, Uranium, Radon, Surfactants (MBAS), Asbestos, Carbamates, Dioxins, Halides, Karl Fisher Titrations, Perchlorate, Reactive Cyanide, Reactive Sulfide, and formaldehyde.

Reproduction of the Endyne report must be done so in its entirety.

The laboratory will not be responsible for sample analysis within the required holding time if the remaining holding time upon arrival is less than 48 hours and the client has not received approval from the laboratory management that these services can be completed.

I have reviewed the terms and conditions for the scope of services to be provided and agree with these terms and authorize Endyne to provide these and other services as requested.

Signed

Customer Name

By

Date

Print Name