

Client/Billing Information

| | |
|---------------------------------------|--|
| Person Responsible for Account | |
| Business Name | |
| Tax ID# | |
| Address | |
| City, State, Zip | |
| Phone Number | |
| Authorization/License Number | |
| Authorization Expiration Date | |

Reporting Information

| | |
|---------------------------------|--|
| Reporting Contact Person | |
| Reporting Phone | |
| Reporting Email | |

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PAGE 2 MUST BE COMPLETED FOR NET 30 TERMS.

RESULTS WILL NOT BE DELIVERED WITHOUT PAYMENT OR APPROVED NET 30 TERMS.

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| Document Number: FORM1008.1 | Revision: 1 |
| Document Title: Client Information | Page: 2 of 2 |

References - for NET 30 payment terms.

| | | |
|----------------|----------------|------------------|
| Company | Company | Bank Name |
| | | |
| Contact | Contact | Contact |
| | | |
| Address | Address | Address |
| | | |
| Phone | Phone | Phone |
| | | |

Applicant hereby authorizes the release of credit and banking information. Payment terms are NET 30. A finance charge of 1.5% will be assessed to all invoices not paid within 45 days. Should it be necessary to collect on the account, the prevailing party shall, in addition to our Terms and Conditions all rights of the law, be entitled to recover its reasonable attorneys' fees and cost, as a court may determine. By signing this Client Information Form, the client accepts the Terms and Conditions and certifies they possess cannabis only as authorized by Oregon Revised Statutes and Oregon Administrative Rules. The Terms and Conditions are available as a separate document.

Client Signature *Name (Printed)* *Title* *Date*

| |
|------------------------------------|
| Cascadia Labs Input to LIMS |
| Initials/Date: |

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