



# CLIENT PACKET

Document Control No.: FSNS-ADMIN-FORM-011.2  
Revised On: July 28, 2011  
Authorized By: QA Manager

## Section 1: Company Information

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

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

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Company URL (Website Address): \_\_\_\_\_

New Client

Existing Client / Update

Auditing Services Client

## Section 2: Contact Information

Please list your primary and alternate contacts information below. The information below is required for confidentiality purposes. If an alternate contact is not specified, the results from any testing will *only* be disseminated to the primary contact. *\*Note: The primary contact name will be the name that appears on all final reports. **Only** the specified contacts below are authorized to request updates to the account profile.*

**Primary** Contact Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address *\*if different than company address above.*  Exclude from automated result distribution, keep as an authorized contact

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

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Alternate** Contact Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address *\*if different than company address above.*  Exclude from automated result distribution, keep as an authorized contact

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

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**Alternate** Contact Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address *\*if different than company address above.*  Exclude from automated result distribution, keep as an authorized contact

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

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

### {Food Safety Net Services' Use Only}

Laboratory Location: \_\_\_\_\_ Client ID: \_\_\_\_\_

Sales Representative: \_\_\_\_\_ Terms: \_\_\_\_\_ PS: \_\_\_\_\_

Processed by : \_\_\_\_\_ Date: \_\_\_\_\_



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## Section 3: Data/COA Access

Please select the mode by which you would like to receive your Data/COA/Test Results. For your convenience Food Safety Net Services provides multiple options;

**FSNet** A web-based extranet that is available exclusively to *qualifying customers* in order to view, search and trend/track results *24 hours a day, 7 days a week, 365 days a year*. Access and download your data in real time and obtain COA's via your internet connection.

Email: For multiple recipients of laboratory results, it is recommended your company control your distribution list internally by your IT department creating a unique email address for lab results. By creating an internal distribution list tied to email address such as [labresults@yourcompany.com](mailto:labresults@yourcompany.com), the Certificate of Analysis would deliver to the group you assign and update internally as people move within your departments.  
**For multiple recipients, lab results should be sent to this one email address:**

Fax

Results which are obtained via virtual use or results received via telephone or spreadsheet are not final until a tertiary review is performed and a final certificate of analysis containing a signature is issued.

Initialing the line to the right indicates you have read and understand the statement above. \_\_\_\_\_

## Section 4: Emergency Contact Information

In the case of unusual circumstances, Food Safety Net Services may need to contact you or another authorized person during holiday, vacation, weekend or after normal business hours. Please provide the emergency contact information below to expedite the communication process.

CONTACT NAME	PHONE NUMBER	Email Address <i>*if different from above</i>

## Section 5: Payment Contact and Invoice Information

Payment Contact Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*REQUIRED:** Email Address for invoice delivery: \_\_\_\_\_

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

Individual (issued with samples) **-OR-**

Blanket (fill in PO#) \_\_\_\_\_ Expiration Date: \_\_\_\_\_



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## Section 6: Payment Options

For your convenience, Food Safety Net Services accepts two forms of payment. Please mark which form you prefer:

Credit Card      **-OR-**       Application for Credit *(Application and Bank information located in pg.6&7)*

If using a **Credit Card**, we are able to accept payment using MasterCard, Visa, or American Express credit cards. Please provide the following information **ONLY** if you wish to set-up your account for automatic credit card payment on all invoices.

Name as it appears on Credit Card: \_\_\_\_\_

Type of Credit Card:       MasterCard       Visa       American Express

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ (mm/yy)

## Laboratory Testing Standard Terms and Conditions

Unless otherwise set out in an agreement signed by you and Food Safety Net Services, Ltd. ("FSNS"), laboratory analytical services (data collection, analysis and interpretation, and reference laboratory services) provided by FSNS to you, the client, are subject solely to the terms and conditions stated herein and the terms and conditions stated herein shall control in the event of any conflict with any other written document.

**CONFIDENTIALITY.** FSNS agrees to maintain in confidence all of your proprietary and non-public materials, data, reports, plans, records, technical and other information and to use such confidential information only for the purpose of performing analyses of samples and providing reports on our findings to you. FSNS shall protect your confidential information by using the same degree of care, but not less than a reasonable degree of care, to prevent the unauthorized use, dissemination or publication of the confidential information as FSNS uses to protect its own confidential information of a like nature. In any instance where information is subpoenaed by and must be released to a governmental agency, or is otherwise required to be disclosed pursuant to law or regulation, you will be promptly notified. You agree not to use the Food Safety Net Services, Ltd. name and/or data in any manner which might cause harm to FSNS's reputation and/or business. Any report shall not be reproduced, except in full, and with the prior written approval of FSNS. Under no circumstances is the name of Food Safety Net Services, Ltd. or FSNS to be published - either alone or in association with that of any other party - without their approval in writing.

**PAYMENT TERMS.** Payment in advance is required for all clients except those whose credit has been established with FSNS. For clients with FSNS approved credit, our standard terms are net 7 days, after which time a 1-1/2% per month late charge or the maximum amount permitted by law (if less) is added to all unpaid balances. Any deviation in payment terms must be agreed to in writing. FSNS has the right to ask for payment in advance, if the established payment terms are not adhered to. FSNS reserves the right to cease all work if you do not pay your invoices(s). If you default in payment for services rendered, you are responsible for reasonable collection and/or legal fees.

**BILLING.** All fees are charged or billed directly to you. The billing of a third party will not be accepted without a statement, signed by the third party, which acknowledges and accepts payment responsibility. It is necessary for us to assume that the paperwork submitted with a sample describes the testing protocol desired. Any changes to this protocol must be submitted to FSNS in writing. However, if changes are made after the originally requested testing is initiated or has been completed, you shall be responsible for paying charges related to such testing. Please send or fax all requests for changes to: 210-525-1702.



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**RUSH ANALYSES.** A surcharge is usually added to the list fee if rush analysis is requested: that is, if work must begin immediately upon receipt of the sample. The surcharge will depend upon the analysis to be performed. Rush analysis service is offered contingent upon availability and pre-arrangement with FSNS.

**DELIVERY OF SAMPLES.** Upon timely delivery of samples, FSNS will use its good faith efforts in meeting standard turnaround times. The risk of loss or damage to the sample during shipment remains with you. FSNS will advise you of samples which are missing or received in damaged, contaminated, or improperly preserved condition. The risk of loss or damage to the sample will be assumed by FSNS at the time possession of the sample is delivered to an employee of FSNS.

FSNS reserves the right to refuse to accept or to rescind acceptance of any sample, which in the judgment of FSNS is likely to pose any unreasonable risk in handling and/or analysis.

You represent and warrant that any sample containing any hazardous substance which is to be delivered to FSNS will be packaged, labeled, transported, and delivered in accordance with applicable laws.

**QUALITY ASSURANCE.** FSNS will perform services consistent with its laboratory quality assurance standard operating procedures. It shall be your exclusive responsibility to confirm that FSNS' standard practices will meet your needs prior to placing an order for work. If you desire an alternative to these standard practices, such request must be made in writing and agreed to in writing by FSNS prior to sample acceptance.

**RETENTION OF SAMPLES.** After the analytical results have been reported, samples are routinely retained in our storage facilities for 14 days, after which the samples may be destroyed. Prior arrangements must be made if samples are to be held for longer periods or returned to you. FSNS may charge a monthly fee for long-term storage.

**HAZARDOUS MATERIALS.** Unused portions of samples found or suspected to be hazardous or to contain hazardous materials according to state or federal guidelines may be returned to you upon completion of the analytical work. The cost of returning the sample may be invoiced to you. The sample and portions thereof remain your property at all times.

**SAMPLE CONTAINERS.** FSNS may provide sample containers upon request. FSNS reserves the right to charge a fee for sample containers

**RETENTION OF REPORTS.** Unless otherwise agreed in writing, FSNS shall retain copies of analytical reports for a period of 3 years, after which the reports may be destroyed.

**LIMITED WARRANTY AND LIMITS OF LIABILITY.** In accepting analytical work, FSNS warrants the accuracy of test results for the sample as submitted by you. THE FOREGOING EXPRESS WARRANTY IS EXCLUSIVE AND IS GIVEN IN LIEU OF ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED. FSNS DISCLAIMS ANY OTHER WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING A WARRANTY OF FITNESS FOR PARTICULAR PURPOSE AND WARRANTY OF MERCHANTABILITY. IN NO EVENT SHALL FSNS BE LIABLE FOR INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES INCLUDING (BUT NOT LIMITED TO) DAMAGES FOR LOSS OF PROFIT OR GOODWILL REGARDLESS OF (A) THE NEGLIGENCE (EITHER SOLE OR CONCURRENT) OF FSNS AND (B) WHETHER FSNS HAS BEEN INFORMED OF THE POSSIBILITY OF SUCH DAMAGES. FSNS' total liability to you in connection with the work herein covered for any and all injuries, losses, expenses, demands, claims or damages whatsoever arising out of or in any way related to the work herein covered, from any cause or causes, shall not exceed an amount equal to the lesser of (a) damages suffered by you as the direct result thereof, or (b) the total amount paid by you or owing by you for the services provided under the specific order or Sample Submission Form submitted by you, out of which the damages arose. We accept no legal responsibility for the purposes for which you use the test results. Results contained in any report relate only to the items tested and described in any report. No purchase order or other order for work shall be accepted by FSNS which includes any conditions that vary from the above described Standard Terms and Conditions, and FSNS hereby rejects any conflicting terms contained in any acceptance or order submitted by you.

Please sign below that you have read and understand the above as stated, and you authorize Food Safety Net Services' Laboratories to review results and client information with only those listed as contacts for your company on this form.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Representative Name /Title

\_\_\_\_\_  
Date

**Important Note:** Food Safety Net Services cannot process samples or communicate test results until all information within this packet has been completed in full AND has been **signed** by an authorized representative.