



NEW CUSTOMER FORM

TRADE NAME

PREFERRED DBA

LICENSE NUMBER

UBI

CUSTOMER TYPE (Choose One)

- | | | |
|---------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Tier 1 | <input type="checkbox"/> Processor | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Tier 2 | <input type="checkbox"/> Analytics Lab | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Tier 3 | <input type="checkbox"/> Retailer | <input type="checkbox"/> CBD (No THC) |

ADDRESSES

Physical Address

Address Line 2

City

State

Zip Code

Check this box if your Mailing Address is the same as your Physical Address



ADDRESSES (cont.)

Mailing Address

Address Line 2

City

State

Zip Code

Check this box if your Billing Address is the same as your Physical Address

Billing Address

Address Line 2

City

State

Zip Code



CONTACTS

Contact Name (First, Last)	Contact Email	Contact Phone	Contact Type
			<input type="checkbox"/> Results <input type="checkbox"/> Transport <input type="checkbox"/> Billing
			<input type="checkbox"/> Results <input type="checkbox"/> Transport <input type="checkbox"/> Billing
			<input type="checkbox"/> Results <input type="checkbox"/> Transport <input type="checkbox"/> Billing
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			<input type="checkbox"/> Results <input type="checkbox"/> Transport <input type="checkbox"/> Billing
			<input type="checkbox"/> Results <input type="checkbox"/> Transport <input type="checkbox"/> Billing

If you have additional contacts you would like to add, please send their details to info@conflabs.com

WHO REFERRED YOU?

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Our website | <input type="checkbox"/> Leafly | <input type="checkbox"/> LCB |
| <input type="checkbox"/> MJ Venture | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dope Magazine | <input type="checkbox"/> Event | |