## Agriment Services Inc. New Client Sign Up Form

Date:	Time:_	Person	n Taking Info.:	
Client Info	rmation			
Name:				SS#:
Address:				
Phone Number	<u>ers</u>			
	Home:		Mobile:	
	Work:		Pager:	
	Fax:		Other:	
Farm Infor	mation			
Name:				FN#:
Physical Addr	ress:			
Design Capacity:		Type of	Operation(s):	
Sludge Su	rvey Informat	tion		
How many lag	goons need sur	veying?		
Does client ha	ave a copy of th	ne lagoon design? □	Yes □ No	
Irrigation E	Equipment Ca	alibration Informati	on	
Check those that apply: ☐ Traveler Gun Sys ☐ Stationary Gun/S				า
Check those t	that apply:	☐ Electric Pump ☐ Fuel Pump		
How many Systems:			_ Calibration Loc	cation:
Location Dime	ensions:			
Is location at	least 20" in lenç	gth? □ Yes □ No		
Material Type: Inside or Outside Dia.:			Wall Thickne	<u></u>
Services C	Offer			
☐ Lagoon S	•	ntenance Program nd Volume Determina Equipment	ation	

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☐ Rain Breaker Installation	
☐ Wireless Monitoring Systems for Precipitation, Lagoon Level and Totalizat	ion
☐ Sample Kit Preparation and Emergency Response Assistance	
□ Basic Monitoring Program	