



New Client Form

Client Information

Business Type: Dispensary Delivery Service Distributor Extractor
 Wholesale Manufacturer Cultivator Individual

Company Name: _____

License No.: _____

Representative Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Addt'l. Phone #: _____

Email: _____

Addt'l Email: _____

Website: _____

If selected, I give my consent to have my products showcased on www.caligreenlaboratory.com Yes No

When your tests are complete, your results are immediately made available online for viewing, sharing and posting through our LIMS: Confident Cannabis. Please register yourself at www.confidentcannabis.com using the SAME EMAIL you have provided above to ensure you receive an email notification when your results are ready.

Thank You for Choosing Caligreen Laboratory!

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