



GIA Laboratory Online Services User Application

Client Information

Please provide your information below. We will process your request to access your account on laboratory online services.

Company Name _____ Client ID Number _____

Address _____

City _____ State/Prov _____

Postal Code _____ Country _____

Main Phone _____ Fax _____

Client Representative First Name Last Name E-mail (An e-mail account is required for each user.)

Client Representative First Name Last Name E-mail (An e-mail account is required for each user.)

Client Representative First Name Last Name E-mail (An e-mail account is required for each user.)

Client Representative First Name Last Name E-mail (An e-mail account is required for each user.)

Approval (required)

Principal First Name Last Name E-mail

Principal Signature _____ Date (mm/dd/yyyy) _____

RETURN COMPLETED APPLICATION TO GIA LABORATORY:

FAX: attn: Gemological Services at: 760-603-4565

MAIL: Gemological Services MS32 | GIA Laboratory | 5355 Armada Drive | Carlsbad, CA 92008-4699

0607

For GIA office use only

Entry Date: _____ GIA service representative _____ CB NY

GSR Validated Yes _____ User ID number _____