

| Contact Person:  License #:  Contact Phone #:  Contact Email:  Client/Company Name:   |   |   | SHIP   | VIA E                                 | New B<br>6121 H     | loom Lak           | os<br>ark Dr., S          | nd payment to:<br>uite A500 |
|---|---|---|--|---------------------------------------|---------------------|--------------------|---------------------------|-----------------------------|
| Address S   |   | For any additional questions or concerns, or to make a credit card payment by phone, please call us at 844-TEST-CBD or email info@newbloomlabs.com. |  |                                       |                     |                    |                           |                             |
| SAMPLE NAME  Examples: Strain name, product name, batch number, etc.  | TYPE  Examples: Flower extract, concentrate, tincture, etc.   | SIZE  Based on dry weight.  | Control of the Contro | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Particles & One 150 | M. COON 30 OM 1878 | 701, 18-65 39 on 1, 57.55 | PRICE PER TEST              |
|   |   |   |  |                                       |                     |                    |                           |                             |
|   |   |   |  |                                       |                     |                    |                           |                             |
| FULL PANEL TEST Plant \$395 / Processed Material \$4  | Test includes: F<br>solvents screen<br>25 * Does not include  |   |  |                                       |                     | Includes re        | sidual                    |                             |
| VOLUME 10+ SAN 20+ SAN DISCOUNTS >> FUL   | IPLES IN ONE ORDER =<br>IPLES IN ONE ORDER =<br>IPLES IN ONE ORDER =<br>.L PANEL TESTS NOT SU<br>COUNTS | 10% OFF ENTIR<br>15% OFF ENTIR  | E ORDER<br>E ORDER   |                                       | ORDEI               | leed more          | shipping s                | supplies? >                 |
| Payment Authorization:  Payment Type:  Check/Money Order Enclosed ON FILE  MC VISA AMEX DISC  Cardholder Name  Card Number:  Exp. MM/YY CVV Zip |   |   | I authorize New Bloom, LLC dba New Bloom Labs to charge my credit card for the goods and services, and for the amount indicated, above. I affirm that I am an authorized user of this credit card, and that I will not dispute the payment so long as the transaction corresponds to the terms indicated on this form, and the terms of service outlined at newbloomlabs.com/terms. I understand that my information will be saved on file for future transactions on my account. I affirm that I am a licensed grower and/or processor of hemp and/or hemp derivatives, and I am supplying a copy of my state license for New Bloom Labs to keep on file. I affirm that I am an employee/representative of the above listed Entity, and that all samples submitted to New Bloom Labs are hemp or hemp derivatives as specified by the Hemp Farming Act of 2018, SEC 279A. Test results are for informational purposes and shall be used in accordance with applicable laws.   |                                       |                     |                    |                           |                             |
| Received in laboratory by   | Print Name  |   |  |                                       |                     | Date               |                           |                             |