

VETEK LABS LLC. and its affiliated companies (collectively referred to as "VETEK LABS") info@veteklabs.com | 480.485.8658 fax

VETEK LABS Account Manager _____

Type of Business: <input type="checkbox"/> Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Breeder <input type="checkbox"/> Other _____			
Company Name _____			
Shipping Address (Main Office) _____		City _____	State _____ Zip _____
Contact Name / Title _____		Email _____	Phone _____
Billing Preferences			
Invoices will be sent emailed at the beginning of each month for the prior month of services. Payments should be made prior to the due date stated on the invoice.			
Payment Method Preference : CC ACH Check		Payment Approval Method: Email Approval* 48hr Auto pay*	
*(48hr Auto Pay) you will have 48 hours after the monthly invoice is sent to request billing adjustments. If no action is taken, the payment method on file will be processed 48 hours after invoice was sent.			
*(Email Approval) We will wait for email verification before processing your payment. If no action is taken, the payment method on file will be processed 7 days after the invoice Due Date. (37 Days after invoices are sent)			
Accounts Payable Contact _____	Accounts Payable Phone _____	Accounts Payable Fax _____	Accounts Payable E-mail _____
Signature _____	Print Name _____	Date _____	
Days of operation: (check all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Hours of operation: _____		Estimated Monthly Testing Volume (Optional)	
		0-10 Orders	10-30 Orders 30-50 Orders >50 Orders
Please choose results preference: <input type="checkbox"/> Customer Portal <input type="checkbox"/> E-mail _____ <input type="checkbox"/> Fax _____			
Bank Account Information		<u>ACH AUTHORIZATION</u>	
Account Type (check one): <input type="checkbox"/> Business <input type="checkbox"/> Personal		Bank Name: _____	
Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Routing Number (9 Digits): _____	
Consent Information		Bank Account Number: _____	
		Name on the Account: _____	
<i>I (we) hereby authorize Vetek Labs to initiate entries to my (our) checking/savings accounts at the financial institution listed above with NET 30 terms, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Vetek Labs is notified by me (us) in writing to cancel it in such time as to afford Vetek Labs and our financial institution a reasonable opportunity to act on it.</i>			
Account Holder Signature: _____		Date: _____	
<u>Credit Card Authorization</u>			
Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card			
Card Number _____		Expiration _____	Security Code (CVV) _____
Billing / Statement Address _____		City _____	State _____ Zip _____
Cardholder Name _____		Cardholder Signature _____	Date _____
By signing this credit card authorization form you are authorizing Vetek Labs to charge your credit card prior with NET 30 terms depending on customer application. These payment terms will appear on your invoice.			
SAMPLE PICK UP		RANGE OF PICK-UP HOURS	
<input type="checkbox"/> AM <input type="checkbox"/> PM _____		_____	
<input type="checkbox"/> AM <input type="checkbox"/> PM _____		_____	
<i>Sample Pick-Ups are determined by our courier route. Please provide your preferences and we will provide a designated pick-up time after account setup.</i>			