

BILLING ARRANGEMENT FORM

All first-time clients are required to prepay for their first submission. If you prefer to be invoiced, please contact your Anresco representative after your first submission and ask for a Trade Reference Form.

What is your preferred method of payment? _____

Credit Card:

Name: _____

CC Number: _____

Expiry: _____ / _____ CVV Code: _____

Address: _____

City: _____ State: _____ Zip: _____

Please keep this card on file for prepayment of future submissions.

I do not wish to keep this card on file for future use. I will fill out a new Payment Form for each submission.

Check:

Please make payment to "Anresco Laboratories" and include check with your sample to:
"Attn: Lab Sample, Anresco Laboratories, 1375 Van Dyke Avenue, San Francisco, CA 94124."

Wire or Automated Clearing House (ACH):

Please contact your Customer Service Representative for wiring instructions. If you do not know who that is, please contact: Mai Vo, ext. 1503 (mai@anresco.com) or NgaLy Frank, ext. 1500 (ngaly@anresco.com) for bank information. After completing a wire transfer, please email remittance documentation with your Anresco File No. to "billing@anresco.com" or fax to "Attn: Billing Dept. at 415- 822-6615". Please note that there is a nonrefundable \$45 fee for every wire transfer originating from outside of the USA.

Credit Line is for \$1,000.00; please contact us if you desire a higher credit line. The undersigned hereby authorizes Anresco, Inc. and its representatives or agents to inquire and receive information about the undersigned's accounts for any and all of the bank and trade references provided. The undersigned has received, read and agreed with the Terms and Conditions from Anresco, Inc. Anresco, Inc. reserves the right to rescind credit or change terms at any time.

- Our Standard terms for credit approved customers are Net 30 Days from invoice date. First invoice is due upon receipt.
- Any and all discounts can only be honored if invoices are paid in full within 30 days from invoice date. After this time, regular fees will apply and the discount will be nullified.
- Collection costs and attorney's fees incurred in connection with any delinquent amount are the responsibility of the undersigned. A 1.5% monthly service charge will be applied to all past due accounts.
- Any payment not made within terms may result in the denial of future analytical services.
- Payment will be accepted in the form of a company check, credit card or PayPal (which must be made payable in U.S. funds)
- Returned checks will be assessed a \$30.00 handling fee for each occurrence. Minimum charge is \$ 50.00 per invoice.

I agree to the Billing Arrangement option I have selected above. This selection applies until I submit a replacement Billing Arrangement Form.

First Name: _____ Last Name: _____

Company Name: _____ Title: _____

Signature: _____ Date: _____