



## BILLING ARRANGEMENT FORM

### OPTION 1: PREPAY EACH TIME (NO TRADE REFERENCES REQUIRED)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

I prefer to prepay with each submission and will complete the Payment Form each time.

\*\*\*\* OR \*\*\*\*

Please keep the following credit card information on file for use each time:

Check one:  American Express  Discover Card  Visa  Master Card

Cardholder's Name (print): \_\_\_\_\_

Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*\*After completing the Option 1 information above, skip to the bottom of the form to complete the signature box.\*\*\***

OR

### OPTION 2: SEND INVOICE UPON TEST COMPLETION (TRADE REFERENCES REQUIRED)

#### 1. Principal Bank Reference:

Bank Name: \_\_\_\_\_ Account Number: (required) \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

#### 2. Trade References: (3 required)

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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. We, at Anresco, Inc. reserve 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.
- Please be advised that 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 \$ 40.00 per invoice.

**\*\*\*After completing the Option 2 information above, complete the signature box below.\*\*\***

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: \_\_\_\_\_

Name: (print or type) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_