

CUSTOMER APPLICATION

VETEK LABS LLC. and its affiliated companies (collectively referred to as "VETEK LABS")

info@veteklabs.com | 480.485.8658 fax

| VETEK LABS Account Mana | aer |
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| Company Name Shipping Address (Main Office) City State Zip Contact Name / Title Email Phone Billing Preferences Involves 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 involce. Payment Method Preference: CC | Company Name | pe of Business: Clinic Hospital Breeder Other Current Practice Managment Software: How did you hear about us: | | | | | |
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| Signature | 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. | | | | | | |
| Days of operation: (check all that apply) | Accounts Payable Contact Accounts Payable Phone | Accounts Payable Fax | Account | s Payable E-ma | il | | |
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| Please choose results preference: Customer Portal E-mail Customer Portal E-mail Fax | Days of operation: (check all that apply) ☐ Monday ☐ Tuesday | ☐ Wednesday ☐ Thursday | ☐ Friday ☐ Sat | turday 🔲 Sur | nday | | |
| Please choose results preference: Customer Portal E-mail Fax Bank Account Information ACCOUNT Type (check one): Business Personal Bank Name: Routing Number (9 Digits): Consent Information Bank Account Number: Name on the Account: | Hours of operation: | Estimated Monthly Testi | ng Volume (Optional) | | | | |
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