

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: ☐ Clinic ☐ Hospital ☐ Breeder ☐ Other \_\_\_\_\_ Current Practice Management Software: \_\_\_\_\_  
How did you hear about us: \_\_\_\_\_

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 on the invoice Due Date.

Accounts Payable Contact \_\_\_\_\_ Accounts Payable Phone \_\_\_\_\_ Accounts Payable Fax \_\_\_\_\_ Accounts Payable E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Days of operation: (check all that apply) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours of operation: \_\_\_\_\_ Estimated Monthly Testing Volume (Optional)  
0-10 Orders 10-30 Orders 30-50 Orders >50 Orders

Please choose results preference: ☐ Customer Portal ☐ E-mail \_\_\_\_\_ ☐ Fax \_\_\_\_\_

### Bank Account Information

### ACH AUTHORIZATION

Account Type (check one): ☐ Business ☐ Personal

Account Type (check one): ☐ Checking ☐ Savings

Bank Name: \_\_\_\_\_

Routing Number (9 Digits): \_\_\_\_\_

### Consent Information

Bank Account Number: \_\_\_\_\_

Name on the Account: \_\_\_\_\_

**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.**

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card Authorization

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ 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** ☐ AM ☐ PM \_\_\_\_\_ RANGE OF PICK-UP HOURS *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.*  
☐ AM ☐ PM \_\_\_\_\_ RANGE OF PICK-UP HOURS