



Account Form

Agency Account Information <i>(Reports will be delivered according to the information provided below).</i>	
Agency Name	
Authorized Personnel	
Results Relinquished To	
Address	
City, State, Zip Code	
Telephone No.	
Facsimile No.	
Email	
Webserver	Username: _____ Password: _____

Payment Information	
Agency Name	
Accounts Payable Address	
Accounts Payable Contact	
Telephone No.	

Sample Disposition <i>All samples will be discarded one month from date of receipt unless otherwise instructed. If sample(s) are to be returned, please provide a return address in the space provided below. Additional charges (shipping) will be applied.</i>	
Return Sample (Yes/No)	
Return Address	