

		Microbial Express Lab	os
	25 Woods Lake Road,	Suite 203, Greenville,	SC 29607 (864) 203-7355
Internal Account Billing Information			
Client Billing Information	Name of Business:		Office Phone:
	Contact Name:		Cell Phone:
	Business Address:		Billing Address (if different):
	Email Address for Results:		
C	Email Address for Billing:		
Credit Card Information	Name on Card:		Please Check One:
	Card Number: Expiration Date:	CVV Code:	Visa Master Card American Express Discover
		ev coue.	
	Cardholder Signature:		
	Please	Check Desired Payme	nt Option
	Charged at Time of Charged Bi-Weely Charged Monthly Pay by Check		
-	accrued by the submitting com	pany at the time of relo	Express Labs to charge all of services and ease. This card will remain on file until lation of this agreement.