

Microbial Express Labs					
1622 E. North Street, Greenville, SC 29607 (864) 908-6200					
	Internal Account Billing Information			Office Phone:	
Client Billing Information	Contact Name:		Cell Phor	Cell Phone:	
	Business Address:		Billing Ac	Billing Address (if different):	
	Email Address for Results:				
Ū	Email Address for Billing:				
Credit Card Information	Name on Card:		Ple	Please Check One:	
	Card Number:			Visa Master Card American Express	
	Expiration Date:	CVV Code:		Discover	
	Cardholder Signature:				
Please Check Desired Payment Option					
Charged at Time of Release Charged Bi-Monthly Charged Monthly Pay by Check					
If providing credit card, this document authorizes Microbial Express Labs to charge all of services and fees accrued by the submitting company at the time of release. This card will remain on file until notified otherwise in writing as to the cancellation of this agreement.					