

ACH AND CREDIT CARD AGREEMENT

Fax to 610-683-6470 or Email to accounting@sololabs.com



Please complete the following application. Upon receipt and approval, SOLO Laboratories will be pleased to process your orders.

Name _____

Billing Address _____ Mailing Address _____
(IF DIFFERENT)

City, State, Zip _____ City, State, Zip _____

Billing Contact _____ Billing Email _____

Phone _____ Fax _____

Amount of Credit Requested _____

ACH INFORMATION

Account Name _____

Routing # _____

Account # _____

Payment Date _____ 15TH _____ 30TH

ACH AGREEMENT POLICY

For the convenience of our customers, SOLO Laboratories, Inc. accepts ACH payments for services rendered. By selecting this option, you agree that:

1. The outstanding balance for your account will be withdrawn by ACH on the 15th or 30th of each month, as designated by the customer.
2. You will notify SOLO Laboratories, Inc. if there are any changes to the information on file.
3. There is a \$5.00 processing fee, per transaction, if the ACH is processed manually and not on a monthly recurrent schedule.

CREDIT CARD INFORMATION Please circle one: MC Visa Disc AmEx

Card # _____

Exp Date _____ Security Code _____

Name on Card _____

Billing Address _____

City, State Zip _____

CREDIT CARD AGREEMENT POLICY

For the convenience of our customers, SOLO Laboratories, Inc. accepts payments for services rendered by Mastercard®, Visa®, Discover® & American Express®. Terms are:

1. Credit cards are automatically charged as each shipment is made.
2. All previous balances will be added to the credit card.
3. You will notify SOLO Laboratories, Inc. if there are any changes to the information on file.
4. There is a \$5.00 processing fee, per transaction, if the credit card is processed manually and not on a monthly recurrent schedule.

Has the company, or any of its principals, ever had a judgment filed against it/them, or been declared insolvent or bankrupt? Yes No
If yes, please explain, in detail, whom the judgments were against or who was declared insolvent or bankrupt, including docket numbers and dates.

Name (printed) _____ Title _____

Authorized Signature _____ Date _____

The agreement must be signed by the owner/principal or authorized signer to be valid. By signing the application, the signer acknowledges that all information supplied is true and correct to the best of your knowledge. The signer agrees to pay a thirty dollar (\$30.00) fee each returned check, returned/rejected ACH payment or returned/rejected credit card payment. The signer agrees to pay a \$5.00 per transaction fee for manually processed transactions not on a monthly recurrent schedule. The signer agrees with SOLO's payment terms and conditions. SOLO reserves the right to change payment terms at its discretion.