

Account Information and ACH/Credit Card Information.

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.

Company Name _____

Billing Address _____

City, State, Zip _____

Billing Contact _____ Clinical Contact _____

Billing Email _____ Clinical Email _____

Billing Phone/Ext _____ Clinical Phone/Ext _____

Statements and Invoices

I prefer my statements by email mail both
I prefer my invoices by email mail both

Email address _____

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 The outstanding balance for your account will be withdrawn by ACH on the 15th or 30th of each month, as designated by the customer.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 _____

Note: Application must be signed by owner/principal for credit consideration. The undersigned grants permission to SOLO Laboratories Inc. to access any credit information available on their company and/or principals in order to establish a credit account. All credit information will be available for review by the company if so requested in writing. All information is held in the strictest confidence. By signing this application the undersigned acknowledges: that all information supplied is true and correct to the best of your knowledge, that you understand our terms for payment of invoices, that you agree to pay 1.5% per month service charge if payment is received more than 30 days from the invoice date, that you are authorized to accept these terms on behalf of the company named herein, that a facsimile of this form and your signature carry the same weight and force as an original signature, Applicant agrees that if accounts are not promptly paid when due, the Applicant's name may be listed in any collection or credit rating file. If Applicant's account is referred to collection to any attorney or agency, Applicant will pay reasonable attorney fees of FIFTEEN PERCENT (15%) of the sum owed or FIVE HUNDRED DOLLARS (\$500.00), whichever is greater and costs of collection. Applicant agrees to pay a THIRTY DOLLAR (\$30.00) fee for each returned check, rejected ACH or rejected credit approved credit for the Applicant, advance payments may be required.