



Account Agreement – International
PLEASE PRINT CLEARLY

Practitioner Name: <i>(first)</i> _____ <i>(last)</i> _____		Professional Degree:
Professional License #:		
Clinic Name:		
E-mail:		
Address:		
City/Town:	Postal Code:	Country:
Phone #: (include country code)		Fax #: (include country code)
Accounts Payable Dept. Contact :		Accounts Payable E-mail:

Test Report Delivery
Please mark your preferred report delivery method(s) – check all that apply

<input type="checkbox"/> E-mail <i>(if different from above: _____)</i>	<input type="checkbox"/> Online
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Payment Agreement
Please mark your preferred payment terms

<input type="checkbox"/> Prepay with credit card on file for each transaction.	
<input type="checkbox"/> I request for US BioTek Laboratories to charge outstanding balances to my credit or debit card monthly.	
Card #: _____ Exp. Date: _____	
Name on Card: _____	Signature: _____
<input type="checkbox"/> Prepayment by wire transfer at time of order. <i>US BioTek will provide necessary wire transfer documents.</i>	<input type="checkbox"/> I will send payment in full with each specimen sent for testing by providing a check or credit card number.
Practitioner Signature: _____	

Please tell us how you heard about US BioTek Laboratories	
<input type="checkbox"/> Colleague (indicate name): _____	
<input type="checkbox"/> Conference/Seminar (indicate name): _____	
<input type="checkbox"/> Patient	<input type="checkbox"/> Online Search
I understand that I am responsible for the interpretation of all US BioTek Laboratories test reports for my patients, and that I will use my clinical judgment based on my patient's history, symptoms and physical exam findings.	
I, _____ certify that I meet all license requirements and I am authorized to order clinical laboratory testing.	
Date: _____	