

Name of Business:			Phone:		
Contact Name					
Billing Address			Chains/Reports Address (if different)		
City	State	Zip	City	State	Zip
Email Address:Email Address for Billing:					
For Reports: Invoices:					
Need one for the Reports to go to and the other for the Accounting Invoices to go to.					
CREDIT CARD INFORMATION					
Cardholder Name					
Card Number				Expiration Date	
3 Digit Verification Number for Visa and MasterCard only (located on back of credit card)					
Please Check One:					
□ <b>V</b> /S	SA	□ Ma	sterCard		11Can Press
This form represents that you agree to set up a pay as you go account with the lab. It will be maintained for this use until such time the cardholders notify SEEML Labs in writing as to the cancellation of this agreement. Card holder agrees to allow Seeml to charge their card and acknowledges receipt of goods and/or services as contracted with SEEML Labs.					
Circle which l	ocation you wis	Date Date		Cardholder Signature	
Greenville, South Carolina or Katy, Texas					
Return To: SEEML Labs. Phone: 864-233 3770, Email: daina@seeml.com or sales@seeml.com; Website: www.seeml.com					