



Account Reactivation or Account Name Change

| Classification | ID | Revision | Effective Date |
|----------------|-------|----------|-----------------------|
| S-ADM-F | 11415 | 2 | 10/22/2014 3:17:50 PM |

Texas A&M Veterinary Medical Diagnostic Laboratory

PO Drawer 3040
College Station TX 77841-3040

Phone: 979-458-3207 • Fax: 979-458-3260 Visit our Web Site at tvmdl.tamu.edu

To reactivate a closed account, this form must be filled out completely. Fax (979-458-3260) or mail your completed form to TVMDL.

Clinic/Company Name: _____ SSN/TaxID: _____

Name of Business Owner: _____

Billing Address: _____

City & State: _____ Zip Code: _____

Billing Contact: _____

Ph: _____ Fax: _____ Billing E-Mail: _____

Select only **one** method for billing (circle choice): E-Mail (recommended) Fax

“Ship To/Reporting” (if different from above):

Street Address: _____

City & State: _____ Zip Code: _____

Ph: _____ Fax: _____ Reporting E-Mail: _____

Select only **one** method for reporting (circle choice): E-Mail (recommended) Fax

As a client of TVMDL, you will receive secure online access to your account portal. You will have access to case reports and invoices, reduced rate overnight shipping, and online bill payment. You will receive an email from TVMDL Messaging with your username (account number) and temporary password.

Terms & Conditions:

- 1) Services supplied by TVMDL are subject to terms and conditions set below. Any modification of such terms or any additional terms will void account reactivation.
- 2) The balance of each monthly statement is due by the 25th of each month to avoid finance charges. Payment must be received prior to the next billing cycle, which is the first working day of each month.
- 3) Interest charges of .833% per month (10% annually) are assessed on all invoices older than 30 days. Any credit extended is at the discretion of TVMDL.
- 4) Your account may be blocked if your balance becomes past due. It is your responsibility keep our files updated with your most current billing address and phone number. TVMDL must be notified of change of ownership of clinic.
- 5) Payments are accepted online or over the phone with Visa, MasterCard, or Discover; or by check or money order through the mail. Please mail payments to the College Station location only.
- 6) Payments are applied to the oldest invoices first.**
- 7) If your payment does not specify an account number, accession number or invoice number, it may be returned if your TVMDL account number cannot be determined.
- 8) TVMDL reserves the right to revoke your charging privileges at any time.
- 9) Monthly statements are only delivered electronically, by fax or email. The statement will be delivered to the fax number or email address provided on this form.



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Persons Authorized To Submit Samples and Request Reports

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

I have read, understand and accept the terms stated within this credit agreement, and have provided true information to the best of my knowledge. By signing this application, I/We guarantee payment for all services received.

Guarantor's Signature Title Date

*This application will not be processed without a valid signature and Tax ID/Social Security Number

Note: See our website at <http://tvmdl.tamu.edu> for pricing, sample requirements and testing turnaround times.