Dear Prospective Client:

We appreciate your interest in utilizing the Texas A&M Veterinary Medical Diagnostic Laboratory's services. We are committed to providing accurate, rapid, state of the art services, which are also affordable to clients. Below are some items that will help us to provide you with the best services possible.

To apply for an account with TVMDL, complete the enclosed credit application and return it to our Finance section via email at payments@tvmdl.tamu.edu, via fax at 979.458.3260, or mail the form to TVMDL in College Station, Texas, at the address listed below.

When testing on each submission is complete, you will receive a final report and a record of charges associated with that case. Please utilize your monthly statement to pay your account. All payments are applied to the oldest charges first.

Laboratory reports are sent by email or fax. Please consider receiving your reports by email. Email reporting also allows for password protected online access to all your case report history and associated invoices.

A billing statement is sent on the first working day of each month consisting of charges and payments for the prior month. The balance of your statement is due by the 25th of each month to avoid finance charges. Finance charges of .833% per month are assessed on all outstanding invoices older than 30 days.

It is important when submitting any payment to reference your TVMDL account number either in the memo section or at the top of your payment. TVMDL accepts VISA, MasterCard and Discover credit card payments. Credit card payments may be made online at http://tvmdl.tamu.edu with online access to your TVMDL account or by phone at 979.458.3207.

A list of tests offered by TVMDL along with pricing information, required specimens and turn-around times is available through the search option on our home page at tvmdl.tamu.edu. Clients can search by laboratory section, test, condition or species.

TVMDL reserves the right to deny service to any account with a past due balance or with a delinquent payment history.

Please contact our Finance section at 979.458.3207 if you have any questions.

PO Drawer 3040
College Station, TX 77841-3040

1 Sippel Road, TAMU 4471
College Station, TX 77843-4471

Tel. 979.845.3414
Fax. 979.845.1794
http://tvmdl.tamu.edu

Bruce L. Akey, MS, DVM
Director

ECCN:

	New Account Credit Application			
	Classification	**ID**	**Revision**	**Effective Date**
	S-ADM-F	11406	4	1/20/2015 10:17:41 AM

Texas A&M Veterinary Medical Diagnostic Laboratory
PO Drawer 3040
College Station TX 77841

We appreciate the opportunity to be of service to you!
Phone: 979-458-3207 • Fax: 979-458-3260 Visit our Web Site at tvmdl.tamu.edu

To apply for an account, this form must be filled out completely. Fax (979-458-3260) or mail your completed application 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.

***How did you hear about Texas A&M Veterinary Medical Diagnostic Laboratory (TVMDL)?**

Online ____ Other Veterinarian ____ Other Laboratory ____ Trade Show, if so where: _____ Other _____

Credit / Trade References

1) Company Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ E-Mail: _____

2) Company Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ E-Mail: _____

ECCN:

TEXAS A&M TVMDL VETERINARY MEDICAL DIAGNOSTIC LABORATORY	New Account Credit Application			
	Classification	**ID**	**Revision**	**Effective Date**
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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 this application. Submitting the application does not guarantee an extension of credit. Credit/Trade references will be checked before extension of credit is made.
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 accessed 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 your TVMDL account number cannot be determined.
8) TVMDL reserves the right to revoke your charging privileges at any time.
9) By submitting this application TVMDL is authorized to make inquiries into the trade references supplied.
10) 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.

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.

ECCN:

	Credit Card Authorization Form			
	Classification	**ID**	**Revision**	**Effective Date**
	S-ADM-F	11413	3	4/8/2015 4:04:29 PM

Texas A&M Veterinary Medical Diagnostic Laboratory
PO Drawer 3040
College Station TX 77841
Phone: 979-458-3207 • Fax: 979-458-3260 Visit our Web Site at tvmdl.tamu.edu

To apply, this form must be filled out completely and returned by fax or mail to TVMDL.

CREDIT CARD BILLING INFORMATION (Please Print):

Client / Clinic Name:			
TVMDL Account Number			
Cardholder's Name: (as it appears on card)			
Credit Cards Accepted:	[ ] VISA [ ] MasterCard [ ] Discover		
Credit Card Number:			
Expiration Date:		CV2 (3 digit code on back):	
Billing Address:			
City:			
State:			
Zip / Postal Code:			
Country:			
Phone Number:			
Fax Number:			
Email:			

Card Holder's Signature
and Authorization: _____ Date: _____

Please select the option(s) you would like to apply for:

☐ **Option 1**: In order to establish an account, I authorize TVMDL to keep this information on file for up to 12 months. I authorize this card to be charged in the event my account falls delinquent and I am unreachable. I understand it is my responsibility to keep my account current.

☐ **Option 2**: TVMDL offers automatic payment as a free service to its clients. Your credit card will be charged by the 10th working day following the statement date. I authorize TVMDL to charge my credit card specified above for all fees due each month for diagnostic services requested. This agreement may be cancelled by the client by providing TVMDL written notice 30 days in advance of the cancellation date.

ECCN: