

Southeastern Animal Labs

1105 North Tennessee Street
Cartersville, GA 30120

770-544-7641
FAX 770-382-4757
www.seanimallabs.com

CLIENT INFORMATION

Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

I would prefer to receive results by: FAX PHONE EMAIL
(Call at anytime to change your preference)

I understand and agree that all charges are due the month following the month in which services are rendered. After 30 days, any outstanding charges will be subject to a finance charge of 1.5% or a minimum of \$2.00. I also understand that if my account becomes delinquent, Southeastern Animal Labs reserves the right to deny further testing.

Signed _____ Date _____