

ACCOUNT SET-UP FORM

Client Name: _____

Laboratory Contact Information

Primary Lab Contact:			Title:		
Main Address:		City:		State:	Zip:
Phone:	Fax:		Email:		
Secondary Lab Contact:				Title:	
Phone:		Email:			

Lab Results

Please Send Lab Results By: Email:		Fax:	
Additional Email Address(es):		Retriever Portal: (complete attached Online Service Terms of Use Agreement)	

Purchasing Information

Contact Name:			Title:		
Phone:	Fax:		Email:		
Purchase Order # (if required)					

Accounts Payable Information

Contact Name:			Title:		
Phone:	Fax:		Email:		
Billing Address:		City:		State:	Zip:
Contact Name on Invoice:					
Invoice Submission Preference (please select one): Mailed:			Faxed:		
Emailed:	(encrypted email)		(unencrypted email, sign additional form attached, Authorization to Send Invoices Via Unencrypted Email)		
Affiliated with other hospitals or integrated health network?	Yes	If Yes, please indicate other hospitals/integrated health network below:			
	No				

Eurofins Viracor Internal Use

Client Name: _____	Account Number: _____
Area Sales Manager: _____	Sales Area : _____

It is necessary to have a one-time signature on file for all new clients. By signing below, the person as a representative of your organization agrees and guarantees payment and Client's acceptance of Eurofins Viracor's General Terms of Purchase available online at <https://www.eurofins-viracor.com/general-terms-of-purchase/> unless the parties have previously executed an agreement for the services. Before tests can be ordered, this form must be completed, signed and returned to Eurofins Viracor by email to the email address set forth below.

Signature: _____ **Date:** _____