

EMSL Analytical, Inc.  
107 Haddon Avenue  
Westmont, NJ 08108  
1-800-220-3675  
856-858-9551 Fax

# Third Party Billing Authorization Request Form

FAX TO (856) 858-9551

## Company Delivering Samples For Laboratory Analysis

Accounting Code : \_\_\_\_\_  
Contact : \_\_\_\_\_  
Company: \_\_\_\_\_  
Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_  
Salesrep : \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Company To Be Invoiced

Accounting Code : \_\_\_\_\_  
Contact : \_\_\_\_\_  
Company: \_\_\_\_\_  
Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_  
Salesrep : \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMSL Analytical, Inc. has received samples for analysis from the above-mentioned company. They have requested that all analytical fees be billed directly to your organization. Please have an official member of your company answer all questions above and sign below authorizing this request. It should be faxed back without delay. *Your samples will be put on hold and not processed until this authorization form is returned.*

I authorize EMSL Analytical, Inc. to bill my company directly for analytical fees incurred for the analysis of samples submitted by the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title