



Special Pathogens Laboratory

The Legionella Experts - Pittsburgh, PA

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Fax: (412) 281- 7445
Toll Free: (877) SPL-PATH (775-7284)

New Client Application

Please complete and fax form to 412-281-7445. For help completing this form, contact the lab at 412-281-5335 or toll free at 1-877-SPL-PATH (1-877-775-7284).

Client Information	
Company Name:	
Report Contact:	Email:
Department:	Phone:
Address 1:	Fax:
Address 2:	
City, State, Zip:	
Type of Organization : (Circle one) Hospital Water Treatment Nursing Home Other	
How did you hear about us?	

Billing Information:	
Company Name:	
Billing Contact:	
Address 1:	Phone:
Address 2:	Fax:
City, State, Zip:	Email:

Account Selection	
Account Options:	Account (Net 30, 3 References Required)
(Circle One)	Credit Card (Credit Card Charged Upon Receipt of Samples)
Federal Tax ID#	
Invoice/Sales Receipt Preference: (Circle One) Mailed Emailed	

Credit Card Information:		
Name On Card:		
Type of Card: Visa MasterCard	Exp Date:	CW2 Code:
Credit Card Number:		

References:	
Company Name:	
Address 1:	Contact Name:
Address 2:	Phone:
City, State, Zip:	Fax:
Account Number:	
Company Name:	
Address 1:	Contact Name:
Address 2:	Phone:
City, State, Zip:	Fax:
Account Number:	
Company Name:	
Address 1:	Contact Name:
Address 2:	Phone:
City, State, Zip:	Fax:
Account Number:	

Bank Information:	
Bank:	
Address:	
Account #:	Contact:
Phone:	Fax:

Type of Credit Agreement: Net 30 days – payment due 30 days from date of invoice. Any balance over the 30 days will be subject to a late fee charge of 1% per month.
 Credit cards will be charged the full amount owed upon receipt of order.

I (We) assume responsibility for and guarantee payment to Seller of all sums due and payable by the party listed on this application, including interest and late charges assessed, collection costs incurred to collect balance and all reasonable attorney's fees.

I authorize you to investigate the credit references listed.

_____ Name _____ Title _____ Date _____

Office Use Only		
Set Up by:	Date:	Account Number: