



THIRD PARTY BILLING AUTHORIZATION REQUEST FORM

PLEASE FAX FORM TO: 856-786-5975

Company Delivered Samples for Analysis: EMSL Account #:	Company to be Billed for Analysis: EMSL Account #:
Contact:	Contact:
Company:	Company:
Address:	Address:
City / ST / Zip:	City / ST / Zip:
Phone:	Phone:
Fax:	Fax:
Sales Rep:	Sales Rep:
Special Instructions:	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 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. This 3rd Party billing is approved for the following project (include name) or permanently for all projects:

Signature Company Representative: _____

Print Title / Name: _____

Approved for (Project Name). (Leave blank if approved for all projects): _____

