



**THIRD PARTY BILLING
AUTHORIZATION REQUEST FORM**
PLEASE FAX TO: 856-786-5975

EMSL ANALYTICAL, INC.
200 Route 130 North
Cinnaminson, NJ
Phone: (800) 220-3675
Fax: (856) 854-2362

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.

Signature Company

Print Name Title

