



## Institution Agreement Form

Institution accounts may be established for clinics, hospitals, reference laboratories and physician groups when account billing is preferred. Please complete this form and email ([records@coppelabs.com](mailto:records@coppelabs.com)) or fax (262.574.0703).

### ACCOUNT INFORMATION (Please complete all fields)

Account Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Authorized Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*International clients must prepay individual samples, or establish a high volume institution account with a monthly credit card payment option. The account is approved when the credit card information is validated. An email address is required to establish an institution account.*

### PAYMENT INFORMATION

Credit Card:  AMEX  DISCOVER  MC  VISA

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cardholder Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Coppe Laboratories INTERNAL USE ONLY**

**ASSIGNED ACCOUNT ID:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_