



9421 N. ROBINSON, OKLAHOMA CITY, OK 73114
405-607-4522 Fax # 405-842-2285

BVD TESTING CLIENT INFORMATION

Company Name: _____

Contact Name: _____

Billing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____

Fax Number: _____ Home: _____

E-mail Address: _____

*** Please circle preferred method to be contacted with results.

Business FEIN Number: _____

Social Security Number (if no FEIN): _____

Bank: _____

I understand and agree that all charges are due by the 10th of the following month. After 30 days any outstanding amount will be subject to interest of 1.75% (21% annually), or a minimum of \$2.00, whichever is greater. I also understand that if my account becomes delinquent, CATTLE STATS, LLC reserves the right to deny me any further testing. After four months delinquency any account not paid will be turned over to our attorney for collection.

Signature

Date