



REFERENCE
LABS

New Client and Agreement

FIRST NAME: _____ LAST NAME: _____

REPORTING EMAIL ADDRESS: _____

LICENSE TYPE: _____ ORGANIZATION NAME: _____

LICENSE NUMBER: _____

ADDRESS: _____

PHONE NUMBER: _____ ZIP CODE: _____

STATE: _____ COUNTRY: _____

**PREFERRED PAYMENT EBT WIRE, CHECK OR CASH.
CREDIT CARD PAYMENT ACCEPTED FEES WILL APPLY.**

THIS DOCUMENT CONFIRMS THAT I WILL BE SENDING THE AGREED UPON AMOUNT OF "(DOLLER AMOUNT)" TO "REFERENCE LABS LLC AS "PAYMENT IN FULL" TO SETTLE THE BALANCE DUE ON MY ACCOUNT FOR SERVICES PROVIDED. IT IS AGREED THAT WITHIN 14 DAYS OF RECEIVING MY "[DOLLAR AMOUNT]" PAYMENT TO REFERENCE LABS LLC WILL BE PAID IN FULL OR PAID AS AGREED. IF NOT PAID IN FULL INTEREST OF 5% PER DAY WILL BE ADDED TO THE TOTAL INVOICED AMOUNT. THANK YOU! - RL

SIGNATURE: _____ DATE: _____