

# Metamatrix International Account Agreement

## Confidential Client Information

Clinician Name:	Title:	Account #:	<b>OFFICE USE ONLY</b>
Specialty:			
Company Name:			
Company Type:			
Address:			
City:			
Country:		Postal Code:	
Telephone: <i>(include country code)</i> (      )			
Fax: <i>(include country code)</i> (      )			
E-Mail:			
Bill to Address (If different than above):			

All international accounts are **required** to keep a credit card on file with Metamatrix. Please leave your credit card information below.

### ***Payment by Credit Card***

<input type="checkbox"/> Bill client credit card per test submission			
<input type="checkbox"/> Bill client credit card once at the end of each month for all tests submitted			
Card Type: (check one)	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card #:	Card Security Code (CSC):	Exp. Date:	
Name on Card:			
Signature:			

All payments must be in U.S. Dollars (Funds)



3425 Corporate Way, Duluth, Ga 30096  
 800.221.4640 • 770.446.5483 • Fax: 770.441.2237 • [www.metamatrix.com](http://www.metamatrix.com)

NPI # 1427041888