CREDIT CARD BILLING INFORMATION

Account Information

Facility Name: _____

Provider Name: _____

Credit Card Information

Name (as it appears on card): _____

Choose One: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Keep this card on file? ☐ Yes ☐ No

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address

Address: _____

City: _____ State: _____ Zip Code: _____

By signing this form and selecting to keep this card on file, you are agreeing for Precision Analytical Consulting and Laboratory, Inc. to confidentially keep your credit card information on file. This card will be charged for all laboratory tests ordered by you or delegates from your facility upon the completion of testing. Please contact us immediately if you wish to discontinue this arrangement or transfer to a different card. Thank you for doing business with Precision Analytical. You can reach us at 503.687.2050 or at info@dutchtest.com.

_____ _____

Card Holder Signature Today's Date

CURRENT PROVIDER OFFER - MIX AND MATCH UP TO 5 DUTCH COMPLETE OR DUTCH PLUS KITS AT 50% OFF*

DUTCH Complete™ – $150 USD

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

DUTCH Plus® – $200 USD

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Total Amount to be Charged on Card: $ _____USD

**Can mix and match DUTCH Complete/DUTCH Plus. Prepaid only, no drop ships. Cannot be combined with any other offer. Must be purchased by December 19, 2025.*

Precision Analytical Inc.
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