



Institutional Account Request Form

New clients should complete this form and fax or email it to our billing office at (864) 388-1062 or billing@ggc.org when submitting the first test order. All fields on this form are required. Once your form has been reviewed, a GGC representative will contact you and provide you with your institution's assigned account number. Please include your account number on the test requisition form to ensure accurate and prompt billing. Payment in US dollars will be required on all International Accounts.

Institution			
Contact		Contact Title	
Department	Email	Telephone	Fax
Institution Address			
City, State, Zip			Country

Authorized Billing/Business Office Contact Information

Contact		Contact Title	
Department	Email	Telephone	Fax
Billing Address <input type="checkbox"/> Same as above			
City, State, Zip			Country
I am an authorized representative of the above institution and understand that all invoices will be due & payable upon receipt:			
Signature:		Date:	

Billing Options

Preferred Method to Receive Invoice:	<input type="checkbox"/> Mail	<input type="checkbox"/> Secure Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Other:
Fax or Email where invoice should be sent:				
Preferred Method of Payment	<input type="checkbox"/> Electronic Funds Transfer (EFT)	<input type="checkbox"/> Check/Money Order	<input type="checkbox"/> Wire Transfer	

Accepted Methods of Payment:

- **Electronic Funds Transfer (EFT)**
- **Check/Money Order:** Payments should be made out to: "Greenwood Genetic Center"
- **Wire Transfer** (*Fees may apply for international accounts*): Please contact our office at (864) 941-8151 for banking information or email buff@ggc.org.

GGC Billing Office Use:	
Date Form Reviewed:	Date Approved and Assigned Account #:
Reviewed by:	Account #: