

**THIRD PARTY BILLING
AUTHORIZATION REQUEST FORM**

*Your samples will be put on hold and not
processed until this authorization form is returned*

Company Delivered Samples for Analysis: Capella Innovation inc. Account #:	Company to be Billed for Analysis: Capella Innovation inc. Account
Contact:	Contact:
Company:	Company:
Address:	Address:
City / Postal code	City / Postal Code
Phone:	Phone:
Email	E-mail
Sales Rep:	Sales Rep:
Special Instructions:	Special Instructions:

Capella Innovation, Inc. has received samples for analysis from the above-mentioned company. They have requested that all analytical fees be billed directly to your organization. Please have an official member of your company sign below authorizing this request. It should be faxed back without delay. I authorize Capella Innovation Inc. to bill my company directly for analytical fees incurred for the analysis of samples submitted by the above.

Print Name Title _____ Signature Company _____

Capella innovation inc Account _____