

ACCOUNT INFORMATION



Please complete form and fax to 503-466-1636 or email to info@zrtlab.com.

CONTACT INFORMATION (***REQUIRED INFORMATION**)

(for businesses with multiple ordering Health Care Providers, please complete a separate form for each)

FOR OFFICE USE ONLY

PID #: _____

*ORDERING HEALTH CARE PROVIDER NAME	*TITLE/CREDENTIALS	NPI #	LIC #
BUSINESS ACCOUNT NAME (if different than ordering provider, e.g. "Feel Better Clinic")		Practice Type	
*PRIMARY/SHIPPING ADDRESS (no PO Boxes)		BILLING ADDRESS (if different than Primary/Shipping)	
*PHONE	FAX	EMAIL	
ADDITIONAL CONTACT	TITLE/CREDENTIALS	NPI #	EMAIL

***BILLING METHOD** (see Prepaid Test & fee Schedule for pricing)

PREPAID

Provider or ordering agent pays for test kits at the time of order.
Tests and/or test profiles are pre-marked on kits.

ORDERING AGENT AGREEMENT

By signing my name below, I indicate that all information is correct. Also, I acknowledge that it is my responsibility to abide by any local, state or federal laws that regulate ordering tests for others.

In addition, I agree to abide by ZRT Laboratory's MAP (Minimum Advertised Price) policy and will refrain from selling kits on Amazon, Ebay and other mass market e-commerce sites.

PROMPT PAY AGREEMENT

By signing my name below, I indicate that I understand my responsibilities for payment. I agree to be financially responsible for payment of all charges associated with this account.

*ORDERING PROVIDER SIGNATURE	DATE	OWNER/PRINCIPAL SIGNATURE (if different than ordering provider)	DATE
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866.600.1636 | info@zrtlab.com | zrtlab.com