

CENTRAL STATES TESTING LLC
PO BOX 876
SUBLETTE, KS 67877
620-675-8640
Fax # 620-675-2407

BVD TESTING CLIENT INFORMATION

Name: _____

Billing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Contact Person _____

Business Phone: _____

Alternate Phone: _____

Fax Number: _____

E-mail Address: _____

Business FEIN Number: _____

Social Security Number (if no FEIN): _____

Bank: _____

I understand and agree that all charges are due by the 10th of the following month. After 30 days any outstanding amount will be subject to interest of 1.75% (21% annually), or a minimum of \$2.00, whichever is greater. I also understand that if my account becomes delinquent Central States Testing reserves the right to deny me any further testing. After four months delinquency any account not paid will be turned over to our attorney for collection.

Signature

Date