



Complete and Fax to: 805.426.8115

I. Customer Information

Date: _____
Facility Name: _____
Contact /Title _____
Ship To Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____

II. How Did You Hear About VDI?

Colleague Trade Show
 Internet Association Meeting
 Pet Owner Other _____

III. Sample Submission Kits

VDI provides the Customer with a Sample Submission Kit at an initial cost of \$5.00 per kit, minimum initial order of two (2). Please select quantity, if any, below.

No kits required at this time
 2 4 6
 I am purchasing Dried Serum Test Kits (Vitamin D)

Terms & Conditions:

1. Customer listed above ("Customer") desires to purchase laboratory testing services from VDI Laboratory, LLC ("VDI"), and VDI agrees to provide Customer the laboratory testing services at the then current price for such testing services (see schedule of services and pricing).
2. All testing charges will be billed at the time of service, to the Customer's credit card on file with VDI.
3. VDI will provide the Customer with results through the VDI Portal, or by fax, upon completion of testing.
4. Customer agrees to fully utilize all procedures outlined in the "Specimen Collection, Storage and Shipping Procedures."
5. Customer acknowledges that the Test is not in itself a definitive diagnostic test and the results, as with other individual assay results, should be viewed in conjunction with other diagnostic information. **IN NO EVENT WILL VDI BE LIABLE TO CUSTOMER OR ANY THIRD PARTY FOR ANY CLAIM, WHETHER BASED ON CONTRACT, TORT, STRICT LIABILITY, PROFESSIONAL LIABILITY, CONTRIBUTION OR OTHERWISE, ALLEGING LOSS, DAMAGE OR INJURY OF ANY KIND, WHETHER PHYSICAL, PECUNIARY, DIRECT OR INDIRECT, THAT ARISES FROM THE CUSTOMER'S PURCHASE, USE OR RELIANCE UPON THIS TEST.**

IV. Payment Information

Check this box to be contacted by phone for payment information. Otherwise fill out the information below.

Email Address

All VDI invoices are sent electronically via email. Please provide an email address in order to receive invoices.

Cardholder's Name: _____ Billing Address _____ Same As Shipping Address
Credit Card Type: _____ Contact: _____
Credit Card Number: _____ Street: _____
Expiration Date: _____ City / State / Zip code: _____
Card Verification Code: _____

Cardholder acknowledges receipt of services, with each specimen submitted to VDI for testing in the amount determined by the number of samples for which results are reported and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

Signature: _____ Name (print): _____ Date: _____