

Customer Billing Information

The following information is required in order to process samples for analysis. Please fill out this form or forward to your accounts payable department. Analytical results may not be reported unless the completed form has been returned to Wyoming Analytical Labs, Inc.

Billing Contact Information

Company: _____

Contact: _____

Address: _____

Address2: _____

City, ST, Zip: _____

Phone: _____

Fax: _____

Email: _____

Billing Options

Purchase Order # required? Yes No

Pay by: Check Credit Card ACH

Special Requirements for Payment? _____

Reporting Contact Information

Company: _____

Contact: _____

Address: _____

Address2: _____

City, ST, Zip: _____

Phone: _____

Fax: _____

Email: _____

Authorization

An authorized signature is required to verify that all information is correct.

- New Customer
 Previous Customer updating information

Print Name: _____

Signature: _____

Title: _____

Please email or mail the completed form to:

Wyoming Analytical Laboratories, Inc.
Attn: Accounts Payable
1660 W Harrison Street
Laramie, WY 82070

Phone: (307) 742-7995
walaccts82070@gmail.com

If paying by credit card, please contact Accounts Payable for a Credit Card Payment Authorization form.