



Authorization to Gain Access to Accounts Receivable Information

If you are interested in accessing your accounts receivable information or making credit card payments to your account via our website, you must fill out this form completely and mail it back to us. **We must have a signed authorization on file before we can allow access to this private information. We will not accept any faxes.**

Account # _____

Account name _____

Account address _____

Email address _____

New User name _____

New Password _____

I hereby give Allied OSI Labs permission to make accounts receivable information available through their website to the above specified user name and password.

Authorized Signature _____
(Must be signed by owner or primary practitioner or authorized officer of the company)

Title _____

Date _____