



**FRONTRANGE LABS**

3985 S LINCOLN  
LOVELAND CO 80537  
970-593-0171

**CLIENT INFORMATION (UPDATE/NEW)**

BUSINESS \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

WEB \_\_\_\_\_

EMAIL \_\_\_\_\_

**TYPE OF BUSINESS**

COMPOUNDING PHARMACY

BULK COMPOUNDER

MANUFACTURER

**REPORTING CONTACT**

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**BILLING CONTACT/INFORMATION**

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**PREFERRED INVOICE METHOD**

EMAIL

MAIL

**PREFERRED PAYMENT METHOD**

CHECK (TERMS NET 15 DAYS)

*YOUR CHECK WILL BE CONVERTED INTO AN EFT. BY SENDING YOUR COMPLETED, SIGNED CHECK TO US, YOU AUTHORIZE US TO COPY YOUR CHECK AND TO USE THE ACCOUNT INFORMATION FROM YOUR CHECK TO MAKE AN ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT FOR THE SAME AMOUNT AS THE CHECK.*

CREDIT CARD AT TEST COMPLETION (AUTO-BILL)

CARD NUMBER \_\_\_\_\_

EXPIRATION \_\_\_\_\_

CVV \_\_\_\_\_

CREDIT CARD TWICE MONTHLY (AUTO-BILL ON THE 1ST AND THE 16TH)

CARD NUMBER \_\_\_\_\_

EXPIRATION \_\_\_\_\_

CVV \_\_\_\_\_

CREDIT CARD CALL TO AUTHORIZE (YOU WILL NEED TO CALL TO MAKE A PAYMENT, TERMS NET 15 DAYS)

CARD NUMBER \_\_\_\_\_

EXPIRATION \_\_\_\_\_

CVV \_\_\_\_\_

CREDIT CARD SELF PAY (DUE UPON RECEIPT)

*INVOICE WILL INCLUDE PAY LINK*

FORM COMPLETED BY \_\_\_\_\_

DATE \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_