



# Institutional Account Request Form

New clients should complete this form and fax or email it to our billing office at (864) 388-1062 or [billing@ggc.org](mailto:billing@ggc.org) when submitting the first test order. All fields on this form are required. Once your form has been reviewed, a GGC representative will contact you and provide you with your institution's assigned account number. Please include your account number on the test requisition form to ensure accurate and prompt billing. Payment in US dollars will be required on all International Accounts.

Institution Name:

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### Authorized Billing/Business Office Contact Information

Contact		Contact Title	
Department	Email	Telephone	Fax
Billing Address:			
City, State, Zip		Country	
I am an authorized representative of the above institution and understand that all invoices will be due & payable upon receipt:			
Signature:		Date:	

### Billing Options

Preferred Method to Receive Invoice:	<input type="checkbox"/> Mail	<input type="checkbox"/> Secure Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Other:
Fax or Email where invoice should be sent:				
Preferred Method of Payment	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check/Money Order	<input type="checkbox"/> Wire Transfer	

### Accepted Methods of Payment:

- **Credit Card: Visa and MasterCard are accepted**
- **Check/Money Order:**

Payments should be made out to: "Greenwood Genetic Center"

- **Wire Transfer: (*Fees may apply for international accounts*)**

Please contact our office at (864)941-8151 for banking information or email [bbuff@ggc.org](mailto:bbuff@ggc.org).

GGC Billing Office Use:	
Date Form Reviewed:	Date Approved and Assigned Account #:
Reviewed by:	Account #: