

ERMI / HERTSMI: Check Payment Form

Please make sure all following items in the package are sent back to us.

Mycometrics, LLC (9 Deer Park Dr. Suite K-18, Monmouth Junction, NJ 08852):

- Sample(s) enclosed in a Ziploc bag
- Completed chain-of-custody (COC) form
- Signed & Dated Payment Form:** if you pay by check, please sign this side and attach your check; if you pay by the credit card, please sign the reverse side.

❖ Please choose **ONE test:** ERMI or HERTSMI test:

- A check for **\$285 USD per ERMI analysis*** (36 mold species) or
 - Surcharge for expedited Service: [For ERMI: \$71.25 USD for 3BD, \$142.50 USD for 2BD, \$285 USD for Same Day, and \$570 USD for Weekend/Holiday] [BD=Business Day]
- A check for **\$150 USD per HERTSMI analysis*** (5 mold species).
 - Surcharge for expedited Service: [For HERTSMI: \$37.50 USD for 3BD, \$75 USD for 2BD, \$150 USD for Same Day, and \$300 USD for Weekend/Holiday] [BD=Business Day]

(Optional) For your convenience, your HERTSMI test results can be upgraded to the full ERMI using your original returned sample for additional \$200 USD. Please notify us of your decision within 2 weeks after receiving your HERTSMI report.

(Check is preferred*. However, if the customer prefers payment with a credit card then please complete the **“Credit Card Authorization Form”** on the back of this sheet. Please note that we **ONLY accept Visa or MasterCard**) Please contact us if you have any questions.

Lab ID#: _____

Invoice #: _____

- ❖ In the event that the check bounces, a **\$30 USD bounced-check fee** will be charged on the same credit card as the \$50 USD non-refundable fee (kit + S&H). By signing below, the sample will be put on-hold for 10 days and then discarded. If you want us to hold the sample for more than 10 days, then there is a charge of \$15 USD per week.
- ❖ I hereby authorize collection of payment, and agree to pay the bounced-check fee if necessary. I certify that I am an authorized user of the credit card used for charging the non-refundable fee and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card to be charged for the payment of any outstanding balances owed.

Signature: _____ **Date:** _____

Please Print Name: _____

Lab ID #:

Invoice #:



ERMI / HERTSMI: Credit Card Authorization Form

Please note that we ONLY accept Visa or MasterCard, we apologize for the inconvenience.

1) Choose one test: ERMI or HERTSMI test

(Your sample will be delayed if you don't mark the test you want.)

\$285 USD per ERMI analysis (36 mold species) or

- Surcharge for expedited Service: [For ERMI: \$71.25 USD for 3BD, \$142.50 USD for 2BD, \$285 USD for Same Day, and \$570 USD for Weekend/Holiday] [BD=Business Day]

\$150 USD per HERTSMI analysis (5 mold species)

- Surcharge for expedited Service: [For HERTSMI: \$37.50 USD for 3BD, \$75 USD for 2BD, \$150 USD for Same Day, and \$300 USD for Weekend/Holiday] [BD=Business Day]

2) Please fill out the credit card information below:

Name on the Card: _____

Billing Address (Card issued): (Address where monthly credit card statements are received)

Street Name: _____

City: _____

State: _____ Zip Code: _____

Credit Card Type: Master Visa (please check one)

Card Number: _____

Expiration Date (mmyy): _____ CID (3 Digit ID on the back of the card): _____

3) Print, sign & date on the bottom of the page to authorize the use of the credit card for payment.

- ❖ I certify that all information above is accurate. By signing below, I hereby authorize collection of payment, and agree to pay, for all charges as indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card, to be charged for the payment of any outstanding balances owed.
- ❖ Mycometrics, LLC. will not be responsible for calling the customer for payment information in the event that the card provided is declined, the sample(s) will be put on hold for 10 days for free and the customer should contact us with a new valid credit card. After 10 days the sample will be discarded. If you want us to hold the sample for more than 10 days, then there is a charge of \$15 per week.
- ❖ Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Mycometrics, LLC. will keep all information entered on this form strictly confidential.

Signature: _____ Date: _____

Please Print Name: _____