



ANALYSIS • RESEARCH • CONSULTING

## PAYMENT OPTIONS

**1. Wire or Automated Clearing House (ACH):** Please contact: Norlinda Cuesta, ext. 1504 (norlinda@anresco.com) or NgaLy Frank, ext. 1500 ([ngaly@anresco.com](mailto:ngaly@anresco.com)) for banking information.

After completing a wire please email remits documentation with our Anresco Reference Number to: [norlinda@anresco.com](mailto:norlinda@anresco.com) or fax to 415-822-6615. **Please note that there is an additional \$45 fee to process wire transfers from out of the United States of America.**

**2. Check -** Please remit check to our Headquarters in San Francisco. Please include details of payment on check stub including at least the invoice number and amount paid.

**3. Credit Card -** All major credit cards (Visa, MasterCard, Discover, or American Express) are accepted. When requesting credit card processing, please complete the attached form and email to [norlinda@anresco.com](mailto:norlinda@anresco.com) or fax to 415-822-6615.

### Charge Authorization Form

I, the undersigned, authorize ANRESCO INC., to use the credit card information which is provided below to secure payment for the analytical services that were or will be performed by Anresco Laboratories.

Credit card type:  American Express  Discover Card  Visa  Master Card

CREDIT CARD #: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

EXP. DATE (mm/yy) \_ \_ / \_ \_ Code: \_ \_ \_

Card Holder Name: .....  
(please print)

Address: .....

City ..... State ..... Zip: .....

**For Anresco Invoice:** (please list invoice # and amount of each invoice)

Total Amount Charge: \$ ..... Invoice # .....

.....

Signature of cardholder: ..... Tel: .....

Transaction being completed by Anresco's Rep: \_\_\_\_\_ Approval code: \_\_\_\_\_ date: \_\_\_\_\_