

Payment Information

(Please fax form to +43 1 9580164 or send as PDF or image attachment to martin@gencik.com).
Please type all information in the table. Handwritten text is often hard to read and may cause problems in sample tracking.

| | | | |
|---|--|---|----------------------------|
| Quote # | | Requested Test(s) (gene(s)) | |
| Name of patient* | | DOB of patient* | |
| Contact Person* | | Institution/ Company Name* | |
| Contact Telephone * | | E-mail* | |
| Price agreement | | Invoice address (if different from Institution/Company name) | |
| Type of sample (e.g., DNA, blood or tissue) | | Comment | |
| Billing Information* | | | |
| Payment Method: <input type="checkbox"/> Credit card <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Wire Transfer (invoice) (Please check one) | | | |
| Credit Card Number | Expiration Date | Name Appear on Card | Card Security code |
| Card holder's Street Address | | Zip Code / City | State / Country |
| Signature | | | |
| Date (mm/dd/yyyy) | | | |
| PO # | Contact Person | Tel. Number | Fax Number |
| A/C Payable address: | A/C Payable Email: | A/C Payable Tel. Number | A/C Payable Fax No. |
| Bank wire transfer instruction: | | | |
| Account Name: | Dr. Martin Gencik | | |
| IBAN: | AT50 1813 0501 6878 0000 | | |
| Swift-BIC Code: | BWFBATW1XXX | | |
| Bank Address: | Ärztbank Kolingasse 4 - 1096 Wien - Austria | | |

* (your project will be significantly delayed without giving valid information here !!!)