BACTERIA IN WATER TEST KIT PAYMENT FORM

FOR FASTER RESULTS REGISTER YOUR TEST KIT ONLINE AT prolabinc.com/register.html

PLEASE OBTAIN YOUR REGISTRATION NUMBER ONLINE AND WRITE THE NUMBER IN THE SPACE PROVIDED BELOW.

WHEN DONE TESTING THE COMPLETED FORM AND PAYMENT MUST BE RETURNED TO **PRO-LAB®**

MUST BE RETURNED TO PRO-LAB®

TEST LOCATION AND PAYMENT FORM COMPLETE INFORMATION REQUIRED

Online Registration #:	
Name:	
Test Address:	
City:	
State: Zip: Zip:	
Sample Location:	
Date Sample Collected: M M / D D / Y Y	•
EMAIL ADDRESS REQUIRED FOR RESULTS	
Email:]
STANDARD LAB RESULTS (\$40) OR SEXPRESS LAB RESULTS (\$60) TOTAL \$ MAKE CHECKS PAYABLE TO PRO-LAB® CHECK #)ER
CREDIT CARD: ☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX	
Credit Card #: Exp. Date Credit Card Security Code (3 or 4 digits):	
Phone:	
Name on Card / Check:	
Street Address: Zip: Zip:	
City: State / Province:	
Signature: Date: MM/DD/YY	7

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