

Next Day Program Participation Form

CUP Lab®, LLC

Name of Technician: _____

Address: _____

Email Address: _____ Phone Number: _____

Preferred Payment Method (circle one): **Prepay Account** **Credit Card on File**

Card Information:

Name on Card: _____ Type of Card: _____

Card Number: _____ Expiration Date: _____

Security Code (three numbers on back): _____ Billing Zip Code: _____

Requirements:

1. Every scan session must be either prepaid or have a working credit card on file.
2. Only complete scan sessions will qualify. Complete scan sessions include: all images, a completed CORF, accurately filled out barn sheets, and payment in full.
3. We must receive your complete sessions before 9am central time.
4. You must have a completed participation form on file, at the lab.

I _____ would like to participate in the CUP Lab's Next Day program beginning on January 1, 2016. I have read and understand the above requirements to qualify for the Next Day program.

Signature: _____ Date: _____

Please return this form to: CUP Lab, LLC, 2610 Northridge Parkway, Suite 105, Ames, IA 50010

Fax Number: 515-232-9578 or Email: cuplab@cuplab.com