

## Terms of payment

Payment period 30 days after invoicing

1. Late payment reminder after 30 days
2. Late payment reminder after 60 days
3. Cancellation of the analyses after 90 days

We accept the following credit cards:  
VISA, MasterCard, American Express.

Please provide the following information:

Type of credit card.....  
Credit card number.....  
3-4 digit verification number.....  
Date of expiry.....

Please note that charging to credit card is effective 14 days after invoicing.

Possible bank fees must be paid by the ordering customer.

**Please note that we will not start the molecular genetic analysis before we got the signed guarantee of payment on the next page.**

## Guarantee of payment for DNA analysis

**Please complete:**

Charge: ..... € for .....  
*(requested molecular genetic test)*

I, .....,  
*(full name in print)*

agree to pay the above charges for DNA analysis

in .....  
*(patient's name)*

The address to which the invoice should be sent is **(PLEASE PRINT CLEARLY)** :

.....  
.....  
.....  
.....

Signed.....

Date.....

Please return to:

synlab Medizinisches Versorgungszentrum Humane Genetik  
Lindwurmstr. 23  
D-80337 München  
Fax.+49-89-54 86 29 243