



TO: **Customers of TriCal Diagnostics** FROM: **TriCal Accounts Receivable**

To make customer billing for the services provided by TriCal Diagnostics more efficient and to reduce our consumption of paper, TriCal, Inc., is using electronic billing for TriCal Diagnostics. Invoices will now be directly emailed to you. We also request that you send us the email address and phone number of your company's Accounts Payable contact, where applicable.

In addition, we now require that your/your company's credit card be on file before test results will be shared, so that payments for services provided by TriCal Diagnostics can be collected in a timely manner. By providing your credit card, you are authorizing TriCal to charge your credit card for the testing fees incurred. To arrange for credit card payments, please fill out the form below and email it to, or call, Blanca Frey, TriCal Accounts Receivable. Thank you for your help regarding these details.

Sincerely, TriCal Accounting Department Contact: Blanca Frey bfrey@trical.com 408-710-3056 Your Name: Name of Company: AP Contact Name: E-mail: Phone: Credit Card to be used for payments for services provided by TriCal Diagnostics: Credit Card Number: Name as it appears on Card: Billing address to which the Card applies: Card Expiration Date: _____ Card Security Code: _____

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