



THIRD PARTY BILLING AUTHORIZATION FORM

Spectrum will agree to invoice a third party if requested, but under the following conditions:

Spectrum's client, _____ agrees to be **ultimately responsible** for compensation of our services for the third party client known as _____ . We will allow up to a maximum of 75 days for payment of an invoice. If this invoice remains unpaid after this time frame, our client will immediately remit payment to Spectrum and seek reimbursement from the third party.

Prior to Spectrum's acceptance of this billing procedure, this authorization form will be faxed to your attention for approval of these terms and conditions.

Upon receipt of your written authorization, Spectrum will perform the analyses requested.

Authorized Client Signature

Date

President/CEO's Authorization

Date