

**Billing Agreement**

**This addendum is included in and made part of the Storage Agreement.** This agreement is made and entered into by and between Fairfax Cryobank, Inc. (hereafter referred to as Cryobank), and the storage client. **A signed Billing Agreement must be returned to Cryobank with a signed Storage Agreement. If you have completed a Storage Agreement in the past and this is a billing account renewal, a new Storage Agreement is not needed. QUARANTINE FEES APPLY TO STORAGE WHERE REQUIRED TESTING IS INCOMPLETE OR CLIENT HAS A REACTIVE TEST RESULT.**

Any cancellation or changes to the Billing Agreement requires written notification to Cryobank, including extending or renewing the storage period.

**Please select only 1 Option:**

- Option 1 Automatic MONTHLY charge of \$ 45.00 per month to the credit card listed below (\$60.00 per month for Specimens in Quarantine)**

I authorize Cryobank to charge my credit card monthly for any specimens in storage unless I have selected one of the yearly options below.

- |   |                           |  |
|---|---------------------------|--|
| <input type="checkbox"/> <b>Option 2 Pre-paid 6 month</b> | \$ 225.00 (~17% savings)  | <b>\$350.00 for Specimens in Quarantine</b>  |
| <input type="checkbox"/> <b>Option 3 Pre-paid 1 year</b>  | \$ 435.00 (~20% savings)  | <b>\$650.00 for Specimens in Quarantine</b>  |
| <input type="checkbox"/> <b>Option 4 Pre-paid 2 year</b>  | \$ 735.00 (~32% savings)  | <b>\$1105.00 for Specimens in Quarantine</b> |
| <input type="checkbox"/> <b>Option 5 Pre-paid 3 year</b>  | \$ 1085.00 (~33% savings) | <b>\$1625.00 for Specimens in Quarantine</b> |
| <input type="checkbox"/> <b>Option 6 Pre-paid 5 year</b>  | \$1475.00 (~45% savings)  | <b>\$2210.00 for Specimens in Quarantine</b> |
| <input type="checkbox"/> <b>Option 7 Pre-paid 10 year</b> | \$2700.00 (~50% savings)  | <b>\$3900.00 for Specimens in Quarantine</b> |

I understand that choosing one of the following above pre-paid options requires full payment at the beginning of the selected term. I have enclosed a check or hereby authorize you to charge the credit card listed below for the storage fees for the selected term plus any due or past due storage charges. *Cancellation of an annual or multi-year storage contract for any reason before the completion of the term will result in a \$50.00 administration fee* being subtracted from any refund of storage fees pro-rated over the storage period used based on the current monthly storage fee in effect. All storage fees must be paid in full before extending or renewing the storage period. At the end of the multiyear storage agreement if I do not sign a new agreement or complete destruction paperwork, I understand and agree that I will be charged at the monthly storage rate, on any credit card provided, each month until I sign a new storage agreement or complete destruction paperwork

Charges to your credit card will be continue until receipt of the signed and notarized authorization form informing us of your dispositional instructions. If you have any questions concerning your account please call 800-338-8407.

If at any time storage charges are due and owing but remain unpaid, Cryobank will pursue collection of the storage charges, including referral of claim to a collection agency. In that event, I agree to pay all costs of such collection including any reasonable fees charged by the collection agency, other costs of collection, and reasonable attorney's fees. See your storage agreement in regard to the termination of your account and the abandonment of the stored specimens. It is imperative that you notify Cryobank of any change in address and extended absences or sabbaticals.

Storage client (print name) \_\_\_\_\_ Account# \_\_\_\_\_

Storage client signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card:**  VISA  MasterCard  Discover  Am. Express

**Personal check** (accepted for pre-paid option only)

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_ Expiration date (mm/yy) \_\_\_\_\_

Billing address \_\_\_\_\_ Zip Code \_\_\_\_\_

Cardholder's signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Personal check received/number \_\_\_\_\_

**Mail-in Client Depositor Specimen Clients Only:**

I understand a payment of \$460.00 is required for each mail-in specimen for laboratory processing charges. In addition, I agree to be charged the storage term selected per the terms above.

<input type="checkbox"/>	<b>Staff use only</b>
--------------------------	-----------------------