

Fax-Check Payment Form

Please complete this transmittal form, affix your check below, and fax it to: **603-218-6624**

Date: _____ Time: _____

Client Name: _____

Client Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

To: Edward H. Smith and/or his affiliates and assigns
PMB 296 at 816 Elm Street, Manchester, NH 03101

Phone: (603) 935-8809

Fax: (603) 218-6624

Email: edsmith@ehsportal.com

Website: www.ehsportal.com

Attached is my check in payment for (please check): Research & Consulting Services
 Other: _____

I hereby authorize you to re-print and deposit a "no signature required" check from the fax copy of my original, signed check affixed below. I will keep my original check, as my record of payment. I am responsible for any/all collection costs for any check returned for insufficient funds or any other reason caused by me.

Affix Original, Completed, Dated, and Signed Check Here

CLIENT SIGNATURE

Date

Please Print Name: _____