

Invoice

800-872-1001
antechdiagnostics.com

BILLING ACCT NO. AHXXXXXX

BILL TO

Clinic Name
123 Corporate Wy Ste 100
Any City Florida 30000 US

Invoice Date 02/13/2026

Invoice No 4430

Amount Due \$0.00

Due Date 03/05/2026

SHIP TO

Clinic Name
123 Corporate Wy Ste 100
Any City Florida 30000 US

Remit To

Antech Diagnostics Inc.,
PO BOX 842964,
Dallas, TX 75284-2964

For Credit Card or eCheck Payments: 800-872-1001, option 1
Contact Email: billing.na@antechdx.com
or you can view and make payments online at:
<https://www.e-billexpress.com/ebpp/AntechSDxBP/Login>

Payment Terms	Due Date	PO Number	Currency
Net 20	03/05/2026		USD

#	ITEM	SERIAL NO / LOT	QTY	DESCRIPTION	UNIT PRICE	AMOUNT DUE
1			1	fwf	\$0.00	\$0.00

Subtotal	\$0.00
Tax	\$0.00
Total	\$0.00
Amount Due	\$0.00



Terms and Conditions: <https://www.antechdiagnostics.com/termsconditions/antech-access-master-terms-and-conditions-us-canada/>

We may impose a surcharge of up to 3% on the total transaction amount on credit card transactions, which is not greater than our cost of acceptance. We do not impose a surcharge on debit card or ACH transactions. We follow state and federal guidelines for surcharging.

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