

# APPLICATION FOR NEW ACCOUNT

**CVAS, Inc.**  
 800-282-7522 voice  
 301-790-1980 voice  
 301-790-1981 fax  
[WWW.FORAGELAB.COM](http://WWW.FORAGELAB.COM)  
[MAIL@FORAGELAB.COM](mailto:MAIL@FORAGELAB.COM)



*MAILING ADDRESS*  
 PO Box 999  
 Waynesboro, PA 17268-9975

*UPS/FEDEX ADDRESS:*  
 4999 Zane A. Miller Drive  
 Waynesboro, PA 17268

<b>BILLING INFORMATION</b> <i>(Please print)</i>	<b>RESULTS INFORMATION - ONLY IF DIFFERENT</b>
Farm or Organization Name	Farm or Organization Name
Client's Name	Client's Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number
Fax Number	Fax Number
Email Address	Email Address
	<b>**Preferred Reporting Method(s): **</b> Mail    Fax    Email    Internet - (requires user name and password)

**Please note that our billing terms are net 30. We charge an annual late charge of 18% on any balance 30 days past due. Bills are generated on the 1<sup>st</sup> and 15<sup>th</sup> of each month. Please pay from the invoice. Statements are generated on the 28<sup>th</sup> of each month only if there is a past due balance. If you have billing questions or concerns please contact April Francesconi at the numbers above.**

**If my account is not paid in a timely manner and it becomes necessary to refer my account to a Collection Agency, I understand that I will be responsible for all collection agency fees to include reasonable attorney fees and court costs.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>For Office Use Only</b>	
Lab Acct Code	Accting Code
Initials	Initials

## Result Reporting Information:

<b>Copy to Information #1</b> <i>(Please print)</i>	<b>Copy to Information #2</b> <i>(Please print)</i>
Farm or Organization Name	Farm or Organization Name
Client's Name	Client's Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number
Fax Number	Fax Number
Email Address	Email Address
<b>Preferred Reporting Method(s):</b> <b>Mail Fax Email Internet</b> - (requires user name and password)	<b>Preferred Reporting Method(s):</b> <b>Mail Fax Email Internet</b> - (requires user name and password)

### Persons Authorized to Submit Samples for This Account (please use a separate sheet if needed):

Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Upon receipt of this form a starter kit consisting of 20 sample bags, 10 U.S. Postal Mailing Labels, 5 UPS Shipping Labels and bags, 3 UPS Red Overnight Labels, and a brochure with price list and testing information will be mailed to you. (For U.S.A. customers only) Thank you for joining the CVAS team. We look forward to serving your analysis needs. Changes to this information are the customer's responsibility. Please contact us immediately to report any changes. Thank you.**