

# 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*

P.O. BOX 669  
MAUGANSVILLE, MD 21767

*UPS/FEDEX ADDRESS:*

14515 INDUSTRY DRIVE  
HAGERSTOWN, MD 21742

**ACCOUNT INFORMATION** *(Please print)*

Farm or Organization Name

Client's Name

Address

City, State, Zip Code

Phone Number

Fax Number

Email Address

**BILLING INFORMATION** *(Please print)*

Farm or Organization Name

Client's Name

Address

City, State, Zip Code

Phone Number

Fax Number

Email Address

**Preferred Reporting Method(s):**

**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. Statements are generated on the 26<sup>th</sup> of each month for anyone with a past due balance. If you have billing questions or concerns please contact Janet Bish 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**

**For Office Use Only**  
Lab Acct Code  
Initials

Accting Code  
Initials

**Result Reporting Information:**

**Copy to Information #1 (Please print)**

**Copy to Information #2 (Please print)**

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

**Preferred Reporting Method(s):**

**Preferred Reporting Method(s):**

**Mail      Fax      Email**  
**Internet-(requires user**

**Mail      Fax      Email**  
**Internet-(requires user**

name and password)

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 25 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.**