

INTERNATIONAL APPLICATION FOR NEW ACCOUNT

CVAS, Inc.

301-790-1980 voice

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MAILING ADDRESS

P.O. BOX 669

MAUGANSVILLE, MD 21767

UPS/FEDEX ADDRESS:

14515 INDUSTRY DRIVE

HAGERSTOWN, MD 21742



ACCOUNT INFORMATION (Please print)	BILLING INFORMATION (Please print)
Farm or Organization Name	Farm or Organization Name
*Client's Name	Client's Name
*Address	Address
*City, Country, Postal Code	City, Country, Postal Code
*Phone Number	Phone Number
*Fax Number	Fax Number
*Email Address	Email Address
*Preferred Reporting Method(s): Fax Email Internet (Canada)	

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 1st and 15th of each month. Statements are generated on the 26th of each month for anyone with a past due balance. Invoices and Statements will be emailed or faxed. Payment may be made either by credit card or wire transfer in U.S. Funds. (Preferred method) If you have billing questions or concerns or need wire transfer information please contact Janet Bish at the numbers above or at jbish@foragelab.com.

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	Accting Code
Initials	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, Country, Postal Code	City, Country, Postal Code
Phone Number	Phone Number
Fax Number	Fax Number
Email Address	Email Address
Preferred Reporting Method(s): Fax Email Internet (Canada)	Preferred Reporting Method(s): Fax Email Internet (Canada)

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 #: _____

Thank you for joining the CVAS team. We look forward to serving your analysis needs.

* Denotes a must complete field