Cumberland Valley Analytical Services

ACCOUNT APPLICATION

www.foragelab.com I-800-CVAS-LAB mail@foragelab.com Mailing Address: P.O. Box 999 Waynesboro, PA 17268 Waynesboro, PA, 17268

301-790-1980 **UPS/FedEx Address:** 4999 Zane A. Miller Dr.

OFFICE USE							
Account #	Accounting #						
Initials	Initials						

*Indicates Required Field

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BILLING INFORMATION				WHERE TO SEND RESULTS										
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	C/	/AS Prov	ides each	account the	opti	on of hav	ing one pers	on red	eive a cop	y of ev	ery re	port.		
Business	Name						Client Na	me						
Address							City							
State/Pro	vince, Pos	stal Code	e				Country							
Phone			Email								Fax			
Reporting	g Method			Email					Mail**					Fax**
A starter kit consisting of 20 sample bags, 10 US Postal Mailing Labels, 5 UPS Group Labels, 3 UPS Red Overnight Labels, a brochure with a price list and testing information will be mailed to you (For US customers only). Please select the CVAS lab														
location that you would like to have your labels addressed to.														
W	aynesboro	, PA	Bat	tavia, NY		Madis	on, WI		Zumbrota, MN Fort Loramie, OH					e, OH

If persons other than those listed above are authorized to submit samples to this account, please include that information on the next page.

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*Indicates Required Field

PERS	ONS AL	THORIZED TO SU		S TO THIS A	ACCOU	ΝΤ		
*Required Information **Available to US clients only								
Business Name		, (valiable	Client Name*					
Address			City					
State/Provine, Postal Code			Country					
Phone	Email			I	Fax			
Reporting Method	•	Email		Mail**			Fax**	
<u> </u>					<u>.</u>			
Business Name			Client Name*					
Address			City					
State/Provine, Postal Code			Country					
Phone	Email			<u>-</u>	Fax			
Reporting Method		Email		Mail**			Fax**	
Business Name			Client Name*					
Address			City					
State/Provine, Postal Code			Country					
Phone	Email				Fax			
Reporting Method		Email		Mail**			Fax**	
Business Name			Client Name*					
Address			City					
State/Provine, Postal Code			Country					
Phone	Email				Fax			
Reporting Method		Email		Mail**			Fax**	
Business Name			Client Name*					
Address			City					
State/Provine, Postal Code			Country					
Phone	Email				Fax			
Reporting Method		Email		Mail**			Fax**	