



Cumberland Valley Analytical Service

www.foragelab.com 1-800-CVAS-LAB

mail@foragelab.com

301-790-1980

Mailing Address:

P.O. Box 999

Waynesboro, PA 17268

UPS/FedEx Address:

4999 Zane A. Miller Dr.

Waynesboro, PA, 17268

INTERNATIONAL ACCOUNT APPLICATION

OFFICE USE

Account #		Accounting #	
Initials		Initials	

*Indicates Required Field

Rev. 2/25

BILLING INFORMATION

Business Name*		Business Name*	
Client Name*		Client Name*	
Address 1*		Address 1*	
Address 2*		Address 2*	
State/Region*		State/Region*	
Country*		Country*	
Postal Code*		Postal Code*	
Phone		Phone	
Email*		Email*	
Invoices will be sent to the email included in the Billing Information.		Reports will be sent to this email.	

Changes to this information are the responsibility of the account holder.

CVAS billing terms are net 30. An annual late charge of 18% will be charged on any balance over 30 days due.

Invoices are generated and payable in USD on approximately the 1st and 15th of each month. **PLEASE PAY FROM THE INVOICE.** Statements are generated on the 28th of each month **ONLY** if there is a past due balance. If you have billing questions or concerns, please contact us at accounting@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.

By signing below, I am acknowledging my understanding of the above information.

Name

Signature

Date

Please return this application to Sharon Weaver at sweaver@foragelab.com

ACCOUNT AUTOMATIC COPY

CVAS Provides each account the option of having one person receive a copy of every report.

Business Name		Client Name	
Address		City	
State/Region, Country, Postal Code			
Phone			
Email		Reports will be sent to the email listed.	

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

Thank you for choosing CVAS, we look forward to serving your analytical needs.



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PERSONS AUTHORIZED TO SUBMIT SAMPLES TO THIS ACCOUNT

Results will be sent via email.

*Required Information

Business Name		Client Name*	
Address		City	
State / Region, Country, Postal Code			
Email*		Phone	
Business Name		Client Name*	
Address		City	
State / Region, Country, Postal Code			
Email*		Phone	
Business Name		Client Name*	
Address		City	
State / Region, Country, Postal Code			
Email*		Phone	
Business Name		Client Name*	
Address		City	
State / Region, Country, Postal Code			
Email*		Phone	
Business Name		Client Name*	
Address		City	
State / Region, Country, Postal Code			
Email*		Phone	