

For Office Use Only

Lab Acct Code

Initials

CUMBERLAND VALLEY ANALYTICAL SERVICES

4999 Zane A. Miller Drive, Waynesboro, PA 17268 www.foragelab.com | mail@foragelab.com | 301-790-1980 | 800-CVAS-LAB

CANADIAN APPLICATION FOR NEW ACCOUNT

BILLING INFORMATION (Please print clea	arly) RESULTS INFORMATION – ONLY IF DIFFERENT
Farm or Organization Name	Farm or Organization Name
*Client's Name	Client's Name
*Address	Address
*City	City
*Country, Postal Code	Country, Postal Code
*Phone Number	Phone Number
*Fax Number	Fax Number
*Email Address	Email Address
* Denotes a required field	Preferred Reporting Method(s): Fax Email Internet (requires user name

Accting Code

Initials



Copy to Information #1 (Please print)

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Copy to Information #2 (Please print)

Additional Result Reporting Information:

Only needed if reports are to be sent to additional persons from information on page 1

- 1 J	T I I
Farm or Organization Name	Farm or Organization Name
Client's Name	Client's Name
Address	Address
City	City
Country, Postal Code	Country, Postal Code
Phone Number	Phone Number
Fax Number	Fax Number
Email Address	Email Address
Preferred Reporting Method(s): Fax Email Internet (requires user name and password)	Preferred Reporting Method(s): Fax Email Internet (requires user name and password)
Persons Authorized to Submit Samples for This Name:	,
Farm Name:	
Address:	
Phone #:	
Name:	
Farm Name:	
Address:	

Please return completed form to April Francesconi at <u>afrancesconi@foragelab.com</u>

We look forward to serving your analysis needs. Changes to this information are the client's responsibility. Please contact us immediately to report any changes.