



# Cumberland Valley Analytical Services

www.foragelab.com  
 mail@foragelab.com  
**Sample Address:**  
 P.O. Box 999  
 Waynesboro, PA 17268

**1-800-CVAS-LAB**  
 301-790-1980  
**UPS/FedEx Address:**  
 4999 Zane A. Miller Dr.  
 Waynesboro, PA, 17268

**Fax:**  
 301-790-1981  
**Billing Address:**  
 P.O. Box 249  
 Zullinger, PA 17272

## New Account Application

Billing Information (Please Print)				Results Information - Only If Different			
Farm Name				Farm Name			
Client's Name				Client's Name			
Address				Address			Reporting Method(s):
City, State, Zip Code				City, State, Zip Code			Fax
Phone			Billing Method(s):	Phone			Internet
Fax			Mail	Fax			Mail
Email			Email	Email			Email

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. **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](mailto: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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

For Office Use Only					
Lab Acct Code			Accting Code		
Initials			Initials		



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## Result Reporting Information

Automatic Copy (Please Print)		
<b>Farm Name</b>		
<b>Client's Name</b>		
<b>Address</b>		<b>Reporting Method(s):</b>
<b>City, State, Zip Code</b>		<input type="checkbox"/> Fax
<b>Phone</b>		<input type="checkbox"/> Internet
<b>Fax</b>		<input type="checkbox"/> Mail
<b>Email</b>		<input type="checkbox"/> Email

### 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 20 sample bags, 10 U.S Postal Mailing Labels, 5 UPS Ground Labels, 3 UPS Red Overnight Labels, 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. Changes to this information are the customer's responsibility. Please contact us immediately to report any changes. Thank you.