



# Cumberland Valley Analytical Services

www.foragelab.com

mail@foragelab.com

Sample Address:

P.O. Box 999

Waynesboro, PA 17268

I-800-CVAS-LAB

301-790-1980

UPS/FedEx Address:

4999 Zane A. Miller Dr.

Waynesboro, PA, 17268

Billing Address:

P.O. Box 249

Zullinger, PA 17272

## International New Account Application

Billing Information (Please Print)				Results Information - Only If Different			
Farm Name				Farm Name			
Client's Name				Client's Name			
Address				Address			
City				City			Reporting Method(s):
Country, Postal Code				Country, Postal 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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## International Result Reporting Information

### Automatic Copy (Please Print)

<b>Farm Name</b>			
<b>Client's Name</b>			
<b>Address</b>			
<b>City</b>		<b>Reporting Method(s):</b>	
<b>Country, Postal 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: \_\_\_\_\_

Please return completed form to Sharon Weaver at sweaver@foragelab.com. Bills are generated and are payable in US funds.

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.

Thank you for joining CVAS