**NEW ACCOUNT APPLICATION**

|  |  |
| --- | --- |
| **ACCOUNT INFORMATION (**please print) | **BILLING INFORMATION** (please print) |
| Farm or Organization Name | Farm or Organization Name |
| Client’s Name | Client’s Name |
| Address | Address |
| City, State, Zip Code | City, State, Zip Code |
| Phone Number | Phone Number |
| Fax Number | Fax Number |
| Email Address | Email Address |
| Preferred Reporting Method(s): Mail  Fax  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 5th and 20th of each month. Statements are generated on the 25th of each month for anyone with a past due balance. If you have billing questions or concerns please contact Misty Kitt at the numbers above.**

**If my account is not paid in a timely manner and it becomes necessary to refer my account to Collection Agency, I understand that I will be responsible for all collection agency fees to include reasonable attorney fees and court costs.**

**Print Name Signature Date**

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|  |
| --- |
| **For Office Use Only** |
| Lab Account Code | Accounting Code |
| Initials | Initials |

**Result Reporting Information**

|  |  |
| --- | --- |
| **Copy to Information #1 (**please print) | **Copy to Information #2** (please print) |
| Farm or Organization Name | Farm or Organization Name |
| Client’s Name | Client’s Name |
| Address | Address |
| City, State, Zip Code | City, State, Zip Code |
| Phone Number | Phone Number |
| Fax Number | Fax Number |
| Email Address | Email Address |
| **Preferred Reporting Method(s):**  Mail  Fax  Email    | **Preferred Reporting Method(s):**  Mail  Fax  Email   |

**Persons authorized to submit samples for this account (please use separate sheet if needed):**

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Farm Name:** | **Farm Name:** |
| **Address:** | **Address:** |
| **Phone No.:**  | **Phone No.:** |
| **Name:** | **Name:** |
| **Farm Name:** | **Farm Name:** |
| **Address:** | **Address:** |
| **Phone No.:** | **Phone No.:** |

**Thank-you for joining the Fraser Analytical Services team. We look forward to serving your analysis needs.**