

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): <div style="display: flex; justify-content: space-around; align-items: center;"> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/> (requires user name and password) </div>	

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 Krissy Peters at the numbers above.

All bills will be sent out through our American parent company Cumberland Valley Analytical Services, and must be paid in US dollars.

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

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 <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/>	Preferred Reporting Method(s): Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/>

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.