

# New Account Form

## Client Information

Company/Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Fieldman Name \_\_\_\_\_

Fieldman Email \_\_\_\_\_ Fieldman Phone # \_\_\_\_\_

## Accounts Payable Information

Representative \_\_\_\_\_

Address (If different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Phone # \_\_\_\_\_

## Report Distribution (Please indicate the default recipient of sample reports along with contact information if not provided above.)

1	
2	
3	
4	
5	

## Digital Email Report Format (Please mark)

PDF   
  Excel   
  Snap Plus   
  Other (please specify) \_\_\_\_\_

AgSource Laboratories will automatically bill the business or personal account listed above at the end of every month that samples were received. If you choose to pay with credit card, we suggest you contact our office until online bill pay is available. For general inquiries please contact the office. Please submit completed form via fax, email, mail or in person. Thank you.