

New Account Form

Client Information

Company/Name _____

Street Address _____

City _____ State _____ ZIP _____

Contact Name _____

Contact Email _____ Contact 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 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 email, mail or in person. Thank you.