

Account Information Form

New Account

Change Account

Close Other Accounts?

Yes

No

Business Name: _____

Business Type: Clinic Farm Lab Other

Reporting Address

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Business Phone: _____

Alternate Phone: _____

Business Fax: _____

Business Email: _____

Billing Address (if different)

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Business Phone: _____

Default Report Delivery Method?

U.S. Mail

Fax

Email

Include Invoice w/ Final Report

Veterinarian Information (if applicable)

Name _____ License Number _____ State _____

Name _____ License Number _____ State _____

Name _____ License Number _____ State _____

Name _____ License Number _____ State _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

**Payment is due within 30 days of the Billing Date. Results will not be
reported for delinquent accounts**