

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:

*Individual Email:

Billing Address (if different)

Address 1:

Address 2:

City:

State:

Zip:

Business Phone:

Check to receive monthly billing
Statement by US mail.

Default Report Delivery Method?

U.S. Mail Fax Email

Include Invoice w/ Final Report

Veterinarian Information (if applicable)

Name Accreditation Number* State

Name Accreditation Number* State

Name Accreditation Number* State

Name Accreditation 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. * Required for EIA Mobile App, provide an individual email address.