



## **New Clients:**

Thank you for your interest in Ag Health Labs. We look forward to working with you!

To help us better serve you, please print the attached forms and fill them out to be added as a new client. Once completed, either mail or fax the forms to Ag Health Labs.

We will run a credit check if you wish to be invoiced, otherwise cash or check is always accepted with your sample submission to the lab.

If you have any questions concerning the new client application forms, feel free to call or e-mail and we will assist you as best we can.



445 Barnard Boulevard  
Sunnyside, WA 98944  
Tel: (509)836-2020 Fax: (509)836-2030  
E-mail: ahlabs@aghealthlabs.com

### Client Information Sheet

|                           |
|---------------------------|
| (Lab Use Only)            |
| Account Number _____      |
| Date Account Opened _____ |

Dairy/Ranch Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Herdsman: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax Number for Results: \_\_\_\_\_

How did you hear about Ag Health Labs? \_\_\_\_\_



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### Credit Application Form

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ How Long in Business: \_\_\_\_\_  
\_\_\_\_ Corporation    \_\_\_\_ Partnership    \_\_\_\_ Proprietorship    \_\_\_\_ Individual  
Tax Registration #: \_\_\_\_\_

#### References

We need address, phone, and fax to process requests.

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
  
Trade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
  
Trade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Terms: An open account with Ag Health Laboratories, Inc. is requested, and if granted, all invoices will be paid within terms given. We certify that all the information is correct. We agree with your credit terms and likewise agree to the proper payment in consideration of extended credit. If collection is necessary, we understand that in addition to our debt and finance charges, we are also responsible for collection fees. It is agreed that Ag Health Laboratories, Inc. may contact the references listed above for information required.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_