

# NEW ACCOUNT FORM

AgSource Laboratories – Marshfield, Wisconsin



## CLIENT INFORMATION

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

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

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

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

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

## REPORT PREFERENCES (Please mark)

*Mail*

*Email*

Digital Export Format:      PDF      Excel      Access Result Online:      Yes      No

## ACCOUNTS PAYABLE INFORMATION

A/P Contact Name \_\_\_\_\_

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

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

A/P Email \_\_\_\_\_ A/P Phone # \_\_\_\_\_

Invoicing Preference      Weekly      Monthly

## TESTING AND PICK UP INFORMATION

Preferred Pick-up Days      Monday      Tuesday      Wednesday      Thursday      Friday

Sample Locations      Influent      Effluent      Sludge      Outfall      Other \_\_\_\_\_

Copy of Permit      Yes      No

Additional notes/ testing needs: (fecal characteristic panel, soil, PCB's, VOC's, etc.)

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