

# NEW ACCOUNT FORM



## CLIENT INFORMATION

**\* Indicates required field. All information must be completed to process samples with AgSource.**

Name\* \_\_\_\_\_  
Street Address\* \_\_\_\_\_  
City\* \_\_\_\_\_ State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_  
Contact Name\* \_\_\_\_\_  
Contact Email (if applicable)\* \_\_\_\_\_ Contact Phone #\* \_\_\_\_\_

<b>Laboratory Use Only</b>	Account Number: _____
----------------------------	-----------------------

## 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 laboratory. Please submit completed form via email, mail or in person. Thank you.

Lincoln, Neb.  
E: lincoln@agsource.com  
402.476.0300

Ellsworth, Iowa  
E: ellsworth@agsource.com  
515.297.8103

Bonduel, Wis.  
E: bonduel@agsource.com  
715.758.2178

Stratford, Wis.  
E: stratford@agsource.com  
715.687.9997