

# NEW ACCOUNT FORM



## CLIENT INFORMATION

Company/Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Email \_\_\_\_\_ Contact Phone # \_\_\_\_\_

## 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) \_\_\_\_\_

VAS 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.