



Phone: (509) 836-2020
 609 Franklin Avenue
 Sunnyside, WA 98944
 Email: ahlabs@aghealthabs.com

Billing Info:

Client Name: _____
 Phone: _____
 Report By: Fax:____ Email:____ Mail:____
 Address: _____
 Fax: _____ Email: _____

Export Hay Submission Form

**Make checks payable to Ag Heath Labs: Mail submission form, samples, and payment to:
 Ag Health Labs 445 Barnard Blvd. Sunnyside WA 98944**

Lab Use Only Accession #	Feed Type	GMO	Verticillium Wilt (Albo Atrum)	Aflatoxin	Nitrate	Other

Account Type: ___ Visa ___ MasterCard ___ AMEX
 Cardholder Name _____
 Account Number _____
 Expiration Date _____ Billing Zip Code _____

Signature: _____