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Lab Use Only:

Account Number: _____

Date Account Opened: _____

Client Information Sheet

Farm/Business Name: _____

Owner Name: _____

Phone: _____

Farm Manager: _____

Phone: _____

Contact Name: _____

Phone: _____

Street Address: _____

City/State/ZIP: _____

Billing Address: _____

City/State/ZIP: _____

Email address: _____

Email address: _____

(Please star (*) the email address(es) you would like to receive results)

Fax Number for Results: _____

Preferred method to Receive Results: (Circle all that apply) Fax Email Mail

How did you hear about Ag Health Labs? _____

Are there any tests or analysis you would like to see Ag Health Labs offer? Please give a brief description:

If you have any preferences or specific details regarding billing or reporting, or if there is any other information you would like to provide, please list it here: _____
