



FORAGE LABORATORY
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<http://www.dairyone.com>

20 Sample Multiple Sample Information Sheet

Side A

1. Complete the address and billing information on Side A.
2. List the samples and the services that you desire on Side B.
3. When submitting more than one page, the complete address information only needs to appear on the first page.
4. **Complete the name, account, date and page information on Side B of every page.**

Please Bill

Account #: _____
Name: _____
Street: _____
City: _____
State: _____ Zip: _____
County: _____
Fax: (include area code) / E-Mail: _____

Please Bill

Account #: _____
Name: _____
Street: _____
City: _____
State: _____ Zip: _____
County: _____
Fax: (include area code) / E-mail: _____

Please Bill

Account #: _____
Name: _____
Street: _____
City: _____
State: _____ Zip: _____
County: _____
Fax: (include area code) / E-mail: _____

Send samples to: Dairy One Forage Lab

Name:

Acct. #:

Date:

Pg of

No.	Description	Package/Services	Office Use Only	
			KC	Sample No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Side B