



**AAFCO**  
Association of American Feed Control Officials

<b>AAFCO Treasurer Use Only</b>	
Date Rec.	_____
Check No.	_____
Amount \$	_____
Lab No.	_____

**PAST SAMPLE ORDER FORM - INVOICE**  
**AAFCO Collaborative Check Sample Program**

**Lab Number:**

Sample # <sup>a</sup>	# of Portions <sup>b</sup>

<sup>a</sup> AAFCO sample number (eg. 2009-32)

<sup>b</sup> Each sample portion is approximately 300 grams

**AVAILABILITY:**

Visit the Able Laboratory website at the following URL address for availability of past samples: <http://www.ablelaboratory.com/gpage.html>

**COST:**

**\$ 25 (US) per sample portion for 2008 Program samples and earlier.**  
**\$ 30 (US) per sample portion for 2009 Program samples.**

SHIP SAMPLES TO:	
Name:	
Organization:	
Mailing Address:	
City:	
State:	
Province:	
Zip Code:	
Postal Code:	
Country:	
Telephone:	
Fax Number:	
E-mail:	

**Instructions:**

1. Fill out the above information completely (type or word process)
2. Complete payment information on next page.

**Method of Payment:**

VISA       MasterCard       Check

**Payment Instructions:**

1. Make the check or bank draft (**U.S. Dollars only**) payable to **AAFCO, Inc.** (FEIN #556020312).
2. Fill out credit card information on this page if paying by VISA, MasterCard or American Express.
3. NO electronic transfers, purchase orders, or other credit cards will be accepted.
4. Sample portions will be shipped once payment is received.
5. Print out these sheets (with credit card information on this page if applicable) and fax or mail along with payment to:

Ms. Sharon Krebs, Asst. Secretary-Treasurer  
AAFCO Check Sample Program      (765) 385-1029 Phone  
P.O. Box 478      (765) 385-1032 FAX  
Oxford, IN 47971 USA      E-mail: sharon@aafco.org

**DO NOT SEND THE FORM AND PAYMENT TO ANY OTHER ADDRESS**

**If paying by credit card, please provide the following information:**

Lab Number:

<b>Name on card</b>	
<b>Mailing address for credit card</b>	
<b>City</b>	
<b>State</b>	
<b>Province</b>	
<b>Zip</b>	
<b>Postal Code</b>	
<b>Country</b>	
<b>Credit Card Number</b>	
<b>Expiration Date</b>	

**Signature**, authorizing purchase: \_\_\_\_\_

**If a credit card order is submitted without a signature, it will cause a delay in processing your Past Sample Order.**