



AAFCO Treasurer Use Only	
Date Rec.	_____
Check No.	_____
Amount \$	_____
Lab No.	_____

INVOICE
PAST SAMPLE ORDER FORM
AAFCO FEED COLLABORATIVE CHECK SAMPLE PROGRAM

Lab Number:

Sample # ^a	# of Portions ^b

^a AAFCO sample number (eg. 2006-32)
^b 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 unless otherwise specified by AAFCO.

Name:

Company Name:

Mailing Address:

City:

State:

Province:

Zip:

Postal Code:

Country:

Phone:

FAX:

E-mail:

- Instructions:**
- 1. Fill out the above information completely (type or word process)**
 - 2. Complete payment information below.**

Method of Payment:

- VISA \$ Mastercard \$
(no other credit cards accepted)
 Check: \$ Bank Draft: \$

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 next page if paying by VISA or Mastercard.
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 both sheets (with credit card information if applicable) and fax or mail along with payment to:

Ms. Sharon Krebs, Asst. Secretary-Treasurer
AAFCO Check Sample Program
P.O. Box 478
Oxford, IN 47971 USA

(765) 385-1029 Phone
(765) 385-1032 FAX
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:

Name on Card:

Mailing Address for Card:

City:

State:

Province:

Zip:

Postal Code:

Country:

Credit Card Number:

Expiration Date:

Signature, authorizing purchase: