

ACCEPTANCE FOR SERVICE FORM

		CL	JST	OME	R ACCOUNT	CONTACT	INFORMATIO	N		
Name of Authorised							Full Physical Delivery Address: (Include			
Person							Rural Delivery No & Milk Supply No.)			
Mobile No:										
Home Phone Fax:										
Email:										
Postal Address: include Rural Delivery Number (RD) and Area Post Code										
SAMPLE PROGRAMME (TICK APPROPRIATE BOXES)										
	٧	No Samples	Inclu	Include other samples:						
BLOODS										
TESTING & REPORTING COSTS										
Costs per Testing Sample (Cross out what is NOT required)				٧	CATTLE Samples required / Costs	SHEEP Samples required / Costs	DEER * Blood Samples required / Costs	Your Total \$ Cost To Approve		
Serum Copper					10/	5/	10/	\$		
Serum Selenium					6/	5/	5*/	\$		
Serum B12					6/	10/	5/	\$		
Magnesium					10/	10/	10/	\$		
lodine					3/	3/		\$		
Total Testing Cost			osts							
AsureQuality Travel cost /km						/per km	Km =	\$		
AsureQuality Time / hour						\$/ hour	Hr =	\$		
Other Charges:				No.						
Courier Fees to Dunedin					\$ / farm			\$		
Materials : Needles @ \$2 each								\$		
Total Cost			Cost					\$		

THE CLIENT AGREES

- 1. All invoices are to be paid by 20th of the month following the date of the invoice; either from VitaPOWER Ltd will charge for the testing and reports, AsureQuality Ltd will charge the client for their Technicians time on farm, courier fees & materials eg needles used. **AsureQuality contact number 0508 00 1122**
- 2. Claims arising from receiving reports or invoices must be made within seven working days. Late payment fees will apply for overdue accounts.

Client Signature:		VP Rep or AsureQuality Representative Signature:	
Name and Title:		Name:	
Date:		Date:	

(Client must be an authorised signatory)

FOR INTERNET REASONS PLEASE CONTACT OUR OFFICE FOR PRICING

CONTACT: VitaPOWER Ltd - PO Box 448 Wanganui 4541. 120 Putiki Drive Wanganui 4500. Phone 0800 848 276. Email info@vitapower.co.nz