

**Office Use Only**

<b>Invoice #</b> _____	<b>Tests Required</b>	Biol
<b>AGPATH Lab #</b> _____		Chem
<b>Date Received</b> _____		Pc
<b>Recorded by</b> _____		Path
<b>Date completed</b> _____		

**Submitter Details**

**Contact Name** \_\_\_\_\_

**Organisation** \_\_\_\_\_

**Address 1** \_\_\_\_\_

**Address 2** \_\_\_\_\_

**Town/City** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**State** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Billing Details (if different)**

**Contact Name** \_\_\_\_\_

**Organisation** \_\_\_\_\_

**Address 1** \_\_\_\_\_

**Address 2** \_\_\_\_\_

**Town/City** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**State** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

Payment is required before work will commence.

**Payment Details**

**Credit Card**  
 Visit  
[agpath.com.au/pay](http://agpath.com.au/pay)  
 or record your card  
 details in pencil

**Direct Deposit**  
 BSB: 633-000  
 AC#: 132 079 997

**Cheque**  
 Payable to:  
 Agpath Pty Ltd

**Invoice**  
 Prior approval required

**Purchase Order**  
 PO#:

**Card Number** \_\_\_\_\_

**Name on Card** \_\_\_\_\_

**Card Expiry** \_\_\_\_\_

**CVS/CCV** \_\_\_\_\_

**Signature** \_\_\_\_\_

Completing the credit card details provides authorisation for AgPath Pty Ltd to charge the card listed.

**Phylloxera Note**

AgPath is registered to receive grape material and soils from phylloxera regions of Australia. Please see [agpath.com.au](http://agpath.com.au) for maps of the affected regions.