Sample Information Sheet

HOLMES LABORATORY, INC.
(330) 893-2933 or (330) 893-1326
www.holmeslab.com testing@holmeslab.com

(USE THIS FORM FOR ALL SAMPLES EXCEPT SOIL)

Complete and Submit with Samples and Payment.

Please Print:

Shipping Address:

US MAIL, UPS/FED EX
3559 US Rt. 62
Millersburg, OH 44654-8834

Company or Farm Name:_____

Name: _____

Address: _____

City: _____ **St.**_____ **Zip** _____

E-mail: _____

Phone: _____ **Fax:** _____

Payment Information

_____ **Cash** **Check, No.** _____ **Payable To: Holmes Lab, Inc.**

Visa _____ **Mastercard** _____ **Discover** _____ **Amex.** _____

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Exp. Date: _____ **Amount: $**_____

Please mark an X that indicate your choice (s) for receiving the test results.

_____ **Reg. Mail** _____ **Fax** _____ **E-mail**

Lab Use Only	Customer	Lab Code	Sample Description	Test Desired	Cost	