## **Soil Information Sheet**

## HOLMES LABORATORY, INC.

(330) 893-2933 or (330) 893-1326 www.holmeslab.com testing@holmeslab.com

Shipping Address:

US MAIL, UPS/FED EX

3559 US Rt. 62

## (USE THIS FORM FOR ALL SOIL SAMPLES)

Complete and Submit with Samples and Payment.

Company or Farm Name:

Name: \_\_\_\_\_

## **Please Print:**

	Millersburg, OH 44654-8834			Address:					
	Payment Information			City:				StZip	
Casl	Check, No	Payable To: Holmes Lab, Inc.		E-mail:					
Visa	Mastercard Discover	Amex		Phone:		Fax:			
l			_	Please mark an 2	X that indicate your choice (s ) for receiving the test results.				st results.
				Reg. 1	Mail _	FaxE-mail			E-mail
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Lab Use Only	Customer		Sam	ple Description	Test Desired	Cost	Past Crop	Crop To Be grown	Yield Goal
Lab Use Only	Customer		Sam	ple Description	I .	Cost	1		
Lab Use Only	Customer		Sam	ple Description	I .	Cost	1		
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