Soil Information Sheet

HOLMES LABORATORY, INC.

(330) 893-2933 or (330) 893-1326 www.holmeslab.com holmeslabinfo@wifi7.com (USE THIS FORM FOR ALL SOIL SAMPLES)

Complete and Submit with Samples and Payment.

Please Print:

Shipping Address: Company or Farm Name:____ **UPS/FED EX** US MAIL P.O. Box 204 3559 US Rt. 62 Winesburg, OH 44690-0204 Millersburg, OH 44654-8834 Address: **Payment Information** City: _____ St. ___ Zip ____ Pavable To: Cash _____ Check, No. ____ Holmes Lab, Inc. E-mail: _____ Phone: _____ Fax: ____ Credit Card: Visa Mastercard Discover Please mark an X that indicate your choice (s) for receiving the test results. Exp. Date: Amount: \$ Reg. Mail Fax E-mail Lab Use Only Customer **Sample Description** Crop To Be Test Cost Past **Yield** Desired Crop grown Goal