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:

US MAIL	UPS/FED EX
P.O. Box 204	3559 US Rt. 62
Winesburg, OH 44690-0204	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.**

Credit Card: _____ **Visa** _____ **Mastercard** _____ **Discover**

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

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	Sample Description	Test Desired	Cost	Past Crop	Crop To Be grown	Yield Goal