

Texas Plant & Soil Lab

Since 1938 - Still The First Soil Lab In Texas
Serving The World From The Rio Grande Valley.

5115 West Monte Cristo Road
Edinburg, Texas 78541-8852

Telephone: 956-383-0739 ♦ FAX: 956-383-0730



LAB N^{OS} FROM _____ TO _____

CLIENT N^o: _____

RECEIVED: _____

BY: _____

RELEASED: _____

BY: _____

REPORT SENT: _____

SOLVITA[®] **GRAIN and SEED** **FUNGAL SUSCEPTIBILITY** **AND SPOILAGE TEST** **and CHAIN OF CUSTODY**

24 HOUR PROTOCOL

- SEE BACK FOR FULL CLIENT DETAILS AND ORDER -

NAME: _____ TELEPHONE: _____

COMPANY: _____ E-MAIL: _____

DATE SAMPLES TAKEN: _____ SAMPLES TAKEN BY: _____

FIELD / TANK / BIN / CUSTOMER: _____

PROBLEMS OR COMMENTS: _____

| LINE | LAB NUMBER (LAB USE ONLY) | SAMPLE I.D. (MAXIMUM 10 CHARACTERS) | GRAIN / SEED TYPE | LINE | LAB NUMBER (LAB USE ONLY) | SAMPLE I.D. (MAXIMUM 10 CHARACTERS) | GRAIN / SEED TYPE |
|------|------------------------------|--|-------------------------|------|------------------------------|--|-------------------------|
| 1 | | | | 16 | | | |
| 2 | | | | 17 | | | |
| 3 | | | | 18 | | | |
| 4 | | | | 19 | | | |
| 5 | | | | 20 | | | |
| 6 | | | | 21 | | | |
| 7 | | | | 22 | | | |
| 8 | | | | 23 | | | |
| 9 | | | | 24 | | | |
| 10 | | | | 25 | | | |
| 11 | | | | 26 | | | |
| 12 | | | | 27 | | | |
| 13 | | | | 28 | | | |
| 14 | | | | 29 | | | |
| 15 | | | | 30 | | | |

REPORTS SENT BY E-MAIL UNLESS OTHERWISE REQUESTED.

Texas Plant & Soil Lab

Since 1938 – Still The First Soil Lab In Texas
Serving The World From The Rio Grande Valley.



5115 West Monte Cristo Road
Edinburg, Texas 78541-8852

Telephone: 956-383-0739
Facsimile: 956-383-0730

www.TexasPlantAndSoilLab.com

SOLVITA® GRAIN TEST ORDER

NAME: _____

COMPANY: _____

ADDRESS: _____

RECEIVED: _____
POSTED /
CHARGED: _____

TOWN

STATE / PROVENCE

ZIP / POSTAL CODE

E-MAIL: _____ TELEPHONE: _____

CONSULTANT NAME: _____ CONSULTANT E-MAIL: _____

CONSULTANT ADDRESS: _____

SEND REPORTS TO: CLIENT CONSULTANT PAYMENT METHOD: CHECK CREDIT CARD

- CREDIT CARD CHARGE INFORMATION (See Instructions) -

Name on Card: _____

Billing Address: _____

STREET or P.O. BOX

STATE

ZIP CODE

Credit Card Type: Discover American Express VISA MasterCard

Credit Card Number: _____ Expires: ____/____

Authorized Signature: _____ Security Code: _____

Your card will not be charged until samples are received by us.

- PRICE AND DISCOUNT SCHEDULE -

1 to 6 Samples: \$70 ea.

7 to 10 Samples: \$65 ea.

11 to 20 Samples: \$60 ea.

21 + Samples: \$50 ea.

- CHARGE/PAYMENT AMOUNT -

TOTAL ORDER \$ _____

INSTRUCTIONS: Credit card information may be **FAXED** or **CALLED IN** if you do not care to include on this form with your samples. **Include this form in the shipping box.**