



FERTILIZER

Submitted By: _____
 Contact Name: _____
 Address: _____
 City: _____ Postal: _____
 Phone: _____
 Cell: _____
 Fax: _____
 Email 1: _____
 Email 2: _____
 Date Submitted: _____
 Reported By: Email () Web () Fax () Mail ()
 Date Sampled: _____

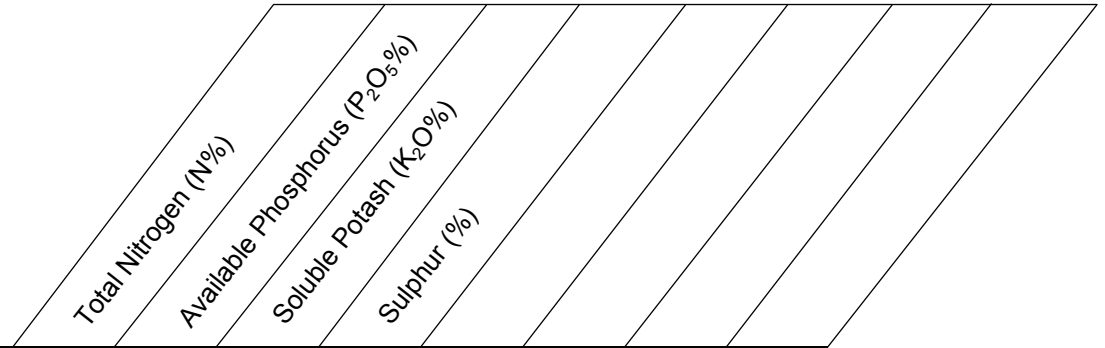
Submitted For: _____
 Contact Name: _____

Please contact the laboratory for pricing information.

Samples received without payment or prior credit arrangement will not be processed.

Please make cheque payable to SGS Canada Inc, or contact the laboratory with credit card information.

The lab requires a minimum sample weight of 500 ml (liquid) or 500 g (dry) to perform the analysis.



Sample ID	Sample Description	Guarantee (i.e. 20-10-15)								

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