

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: _____

SOIL SAMPLE SUBMITTAL AND CHAIN OF CUSTODY

- USE ORDER FORM FOR FULL CLIENT DETAILS -
- USE SEPARATE FORMS FOR EACH DIFFERENT SET OF ANALYSES -

NAME: _____ TELEPHONE: _____

COMPANY: _____ E-MAIL: _____

DATE SAMPLES TAKEN: _____ SAMPLES TAKEN BY: _____

FIELD LOCATION: _____ AREA SIZE: _____ ACRES SQ.FT. Ha.

IRRIGATION METHOD: NONE FLOOD SPRINKLER PIVOT DRIP MICROJET OTHER COMMENT BELOW

WATER SOURCE: Municipal/Utility District/Co-op WELL LAKE RIVER/CREEK EFFLUENT

FERTILIZATION PRACTICE: CONVENTIONAL/CHEMICAL SUSTAINABLE ORGANIC

PROBLEMS OR COMMENTS: _____

HISTORY (Please furnish as much information as possible – including previous fertilizers, lime, sulfur, inoculants, crops, yields, etc. This allows us to provide you better interpretations and recommendations):

INDICATE ANALYSES DESIRED ON BACK OF THIS PAGE.

	LAB NUMBER (LAB USE ONLY)	FIELD / SAMPLE I.D. (MAXIMUM 10 CHARACTERS)	SAMPLE DEPTH-INS. FROM - TO	LAST CROP(S)	FERTILIZER(S) APPLIED	NEXT CROP(S)	YIELD GOAL
1			--				
2			--				
3			--				
4			--				
5			--				
6			--				
7			--				
8			--				
9			--				
10			--				
11			--				
12			--				
13			--				
14			--				
15			--				

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Multiple Soil Tests Order Form



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

www.tpsl.biz

NAME: _____

COMPANY: _____

CLIENT: _____

ADDRESS: _____

TOWN/STATE/ZIP: _____

CLIENT E-MAIL: _____ CONSULTANT E-MAIL: _____

TELEPHONE: _____ CELL: _____ FAX: _____

SEND REPORTS BY: E-MAIL (Preferred) POSTAL MAIL FAX (Not Recommended)

TO: CLIENT CONSULTANT

PLEASE SHOW PAYMENT METHOD: CHECK CREDIT CARD MONEY ORDER

CLIENT N^o: _____
RECEIVED: _____
POSTED: _____

- 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: _____ 3-Digit Security Code: _____

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

- CHARGE/PAYMENT AMOUNT (From Back of Soil Sample Submittal Form) -

PRIMARY SOIL TESTS TOTAL \$ _____ . 00

PROTOCOLS TOTAL (See Descriptions on Back) \$ _____ . 00

HEAVY METALS/MICRONUTRIENTS TOTAL \$ _____ . 00

LESS DISCOUNT (if applicable) - \$ _____ .

SALES TAX (Texas Residents Only ^{*SEE NOTE}) \$ _____ .

TOTAL CHARGE/PAYMENT \$ _____

* NOTE - SALES TAX EXEMPT PURCHASE:

FOR TEXAS AG CLIENTS, PLEASE PROVIDE YOUR USDA FARM N^o else INITIAL HERE: _____

FOR TEXAS COMMERCIAL AND PROFESSIONAL USE CLIENTS OR RESELLERS,

PLEASE FURNISH A RESALE OR SALES TAX EXEMPTION CERTIFICATE (one time only).

INSTRUCTIONS: Credit card information may be **FAXED** or **CALLED IN** if you do not care to include on this form with your samples. Otherwise, include this form and **Soil Sample Submittal Forms** in the shipping box.

DO NOT PUT ANY FORMS IN SOIL SAMPLE BAGS.

PRICES EFFECTIVE JUNE 30th, 2010.
Prices subject to change without prior notice.