

FARMER'S SAMPLE SUBMISSION FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER (S): _____

(CIRCLE- HOME CELL WORK FAX)

EMAIL: _____

SAMPLE SENT IN BY: _____

KIND OF SEED: _____

IDENTIFYING MARK/LOT NUMBER: _____

TYPE OF TEST REQUESTED:

PURITY

GERMINATION

BOTH

SPECIAL TEST

VIGOR (ONLY ON SOYBEANS, CORN, COTTON, OR PEANUTS)

SPECIAL REMARKS/COMMENTS:

JC

PLEASE DO NOT SEND PAYMENT IN WITH SEED SAMPLES. WE WILL SEND YOU AN INVOICE FOR ANY CHARGES THAT ARE INCURRED. THANK YOU IN ADVANCE.