

SOIL, WATER AND PLANT TESTING LABORATORY



ROOM A-319, NATURAL AND ENVIRONMENTAL SCIENCES BUILDING

FORT COLLINS, CO 80523-1120 Phone 970-491-5061/Fax 970-491-2930

NAME _____
Customer/Contact _____ Business _____

CUSTOMER ADDRESS: _____
Street/P O Box _____

City _____ State _____

Customer Phone No.: _____ Customer Fax No.** _____

** Please provide this information so that results can be provided without delays for mailing and billing ti

E-Mail if available _____

ON-CAMPUS CUSTOMER BILLING INFORMATION

Name of Department to be billed: _____

Account Number: _____

(Students) Instructor/Advisor Name: _____

OFF CAMPUS CUSTOMER BILLING INFORMATION

Please do not pay by check until you receive an invoice.

Complete information for payment by credit card-

MasterCard Name on Card _____ Expiration Date _____
Visa Card Number _____ V Number ** _____

**V number is located on the back of the card on the signature line, the last three numbers.

PO number, Project name/number needed to be seen on invoice: _____

By accepting service or goods, I agree to submit payment in full to Colorado State University upon receipt of ir Billing Statement. Late payment charges of 1.5% per month and other penalties specified may be addressed

PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE

MINIMUM CHARGE

DATE SUBMITTED: ____/____/____

DATE NEEDED: ____/____/____

LAB NO. <i>for lab use only</i>	YOUR SAMPLE ID	ANALYSIS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL NUMBER OF SAMPLES: _____

SAMPLE DISPOSAL INFORMATION: Return to Originator _____ OR Destroy _____

Due to lack of storage space, the lab must discard samples 30 days after the customer receives results. If samples need to pick-up or arrange for return prior to that time. If samples or containers need to be returned by mail, postage and handling i

CHAIN OF CUSTODY (IF NEEDED)

Printed Name _____ Signature _____ Date _____

Relinquished by: _____

Received by: _____

Send to: (U.S. Mail) CSU Soil, Water & Plant Testing Laboratory, NESB Room A-319 Fort Collins C

For other carriers please add: 200 West Lake Street below CSU Soil, Water & Plant Testing Lab

Visit our web site at: <http://www.extsoilcrop.colostate.edu/SoilLab/soillab.html> (please note address

Zip code

mes.

Invoice or University
for late payment.

\$12.00

SIS REQUESTED

to be returned, please
fee will be assessed

Time

CO 80523-1120

(is case sensitive)