



Testing Order Form

| Client Information | Billing Information |
|--------------------|---------------------|
| Name | |
| Company | |
| Address | |
| Phone | |
| Email | |

**** Please include this form in your sample shipment. ****

| Your Sample ID | Plant Type | Soil Life Test | Compost Basic | Liquid Basic | Add-Ons <i>(Please Reference Testing Menu)</i> | Subtotal | |
|--|------------|----------------|---------------|--------------|--|-------------------|--|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| (If no payment is enclosed, we will invoice you at the indicated email address above.) | | | | | | TOTAL (in \$ USD) | |

V5-2022

Mail samples to: 635 SW Western Blvd. Corvallis, OR 97333

Contact us with any questions at +1 (541) 257-2612 or info@earthfort.com