

**CSU SOIL, WATER AND PLANT TESTING LABORATORY**

200 W Lake St A320 NESB

1120 CAMPUS DELIVERY (physical address 1231 East Drive)

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 Zip code

Customer Phone No.: \_\_\_\_\_ Customer Fax No.\*\* \_\_\_\_\_

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

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**

Complete information for payment by credit card-

Discover  Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_  
MasterCard  \_\_\_\_\_  
Visa  Card Number \_\_\_\_\_

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 invoice or University Billing Statement. Late payment charges of 1.5% per month and other penalties specified may be addressed for late payment.

**PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE**

**MINIMUM CHARGE \$15.00**

DATE SUBMITTED: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE NEEDED: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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 be returned, please pick-up or arrange for return prior to that time. If samples or containers need to be returned by mail, postage and handling fee will be assessed.

**If samples need to be stored here there will be a one time fee of \$4.50 per sample charge to the customer. Please initial here to acknowledge that you have read the above statement**

**CHAIN OF CUSTODY (IF NEEDED)**

Printed Name Signature Date Time

Relinquished by: \_\_\_\_\_

Received by: \_\_\_\_\_

Send to: Soil, Water & Plant Testing Laboratory, 200 W. Lake St. Campus Delivery 1120, Fort Collins CO 80523-1120

For directions to the lab go back to the main page and scroll to the bottom of the page.

Visit our web site at: <http://www.soiltestinglab.colostate.edu>