

HUMMEL & CO. INC

35 King Street • P.O. Box 606 • Trumansburg, New York 14886
 Phone: (607) 387-5694 • Fax: (607) 387-9499 • Email: soildr1@zoom-DSL.com • Web Site: www.turfdoctor.com

Sample Submission / Billing Authorization

Please complete this form and return it with your sample(s). Testing may be significantly delayed if we do not receive a completed form. Test results will be released only to the party responsible for payment, and any additional parties they may authorize.

IF YOU ARE NOT RESPONSIBLE FOR PAYMENT, PLEASE FORWARD THIS FORM TO THE RESPONSIBLE PARTY.

Submitted By:	Bill To (if different):
Company:	Company:
Contact Person:	Contact Person:
Address:	Address:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	P.O. Number:

Sample Information

Send sufficient sample for the tests you are requesting in well-sealed, labeled containers!

Project Name: _____ Location: _____

Sample Name	Test(s) To Be Performed	Additional Instructions

Release and Billing Authorization

I hereby accept responsibility for payment for the testing requested above. I understand that test results will only be released to me, unless noted below.

Test results also may be released to:

Name: _____ Company: _____

Fax #: _____ or Email: _____

This authorization is valid for (please check one): this sample only all samples for this project

_____ Authorized Signature _____ Print Name _____ Date

Bill Me: (using the above "Bill To" address and P.O. Number, if applicable)

Charge My Credit Card*:   Credit Card Number: _____

*Bank wire or credit card prepayment required for all international customers.   Exp. Date: _____
 Month Year Signature

At Hummel & Co., EVERY Sample Is A Priority!