



HEMP PLANT TISSUE REQUEST FORM

GROWER / PROCESSOR ACCOUNT INFORMATION			
Name:		Phone No.:	
Address:			
Email:		License No.:	

SAMPLE INFORMATION			
Area ID:		Tissue Sample ID:	
Soil Sample ID (Optional):			

PAYMENT INFORMATION			
Check Enclosed – Please indicate check number:			
Name on Card:			
Credit Card Number:	-	-	Expiration Date:
			CVV:

I authorize the above-named business to charge the credit card indicated in this authorization form. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment so long as the transaction corresponds to the terms indicated in this form.

Signature: _____

LAB USE ONLY	
Soil Lab No.	Plant Tissue Lab No.