



Crop Services International, Inc.
1718 Madison SE
Grand Rapids, MI 49507
616-246-7933
800-260-7933
Fax 616-246-6039
www.cropservicesintl.com

SAMPLE SUBMITTED BY _____ (Dealer)

Client Name _____ Date _____

Address _____ Telephone _____

Cell _____ Fax _____ Email _____

Field#/Sample ID _____ Crop _____ Prev Crop _____

PLEASE CHECK OFF OR WRITE ON BACK EXACTLY WHAT YOU WANT DONE

CEC Test _____ LaMOTTE Test _____ HUMUS Test _____ Cobalt/Molybdenum _____

Nickel/Selenium _____ Silicon _____ LEA (tissue) Test _____

Recommendation for soil application for: Fall _____ Preplant _____ Starter _____ Sidedress _____

Foliar Recommendations: (Polaroid® of Crop Required) _____

IMPORTANT: Recommendations to be: Sustainable _____ Certified Organic _____

Planter can apply: Dry _____, Liquid _____ Foliar Spray Rate is _____ gallons/A

Sidedress can be: Dry _____, Liquid _____ Send results by: FAX _____, Mail _____, Email _____



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