

ORDER FORM FOR CERTIFICATION LABELS

Date: _____

Name: _____

Shipping Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____

OK Seed License # _____

Variety _____

Crop _____

Lot# _____

Mechanical Purity _____ %

Germination _____ %

Cert. # _____

Inert Matter _____ %

Hard Seed _____ %

Seed Count _____ /lb

Other Crop Seed _____ %

Test Date _____

Bulk

Weed Seed _____ %

Origin _____

Bagged

Wt/lb _____

Noxious Weeds _____

Test Wt. (Cert. only) _____

Quantity Requested (**Orders must be in multiples of 10**)

Sew On: Certified _____

Registered _____

Foundation _____

Pressure Sensitive: Certified _____

Registered _____

Foundation _____

Check here if seed is downgraded:

For OCIA Use Only

Date Shipped _____ Via _____ Customer# _____

Export to QB: Yes No # Sales Receipt Sent _____ Order # _____

Remove from QB Yes No Added to Tag Inventory Report _____