**ORDER FORM OF LABORATORY ANALYSIS IN NRL CISTA**

|  |
| --- |
| **Client** |
| **Business name/ Name, surname** |  |
| **Place** |  |
| **Completed by:** |  |
| **E-mail:** |  |
| **Telephone:** |  |
| **Billing address** |
| **Business name/ Name, surname** |  |
| **Place** |  |
| **VAT ID** |  |
| **Supplier** |
| **Business Entity** | Central Institute for Supervising and Testing in Agriculture,Fertilizers Department |
| **Place** | Za Opravnou 4/4, 150 06 Praha 5 – Motol |
| **VAT ID** | CZ00020338 |

|  |
| --- |
| **Name of Fertiliser or Supplementary Substance:**  |
| I wish to order the analysis, for registration purposes only in an accredited laboratory and the reason for this is to guarantee the independence of the results. |
| Additional details: |

Based in: Date: Name, surname and signature