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

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| **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 |

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| **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