

MATURITY SAMPLE REQUEST FORM

CLIENT DETAILS

Name: _____ Phone: _____ Fax: _____

Postal / Billing Address: _____

Mobile: _____ Order No: _____

Email: _____

Do you have an Agfirst Web Login Yes No

If No Please specify a Username: _____ Password: _____

Do you want your Packhouse to see results? If Yes Packhouse Name: _____

Grower collecting sample: Yes No If Yes Grower will deliver to Agfirst

Agfirst collecting sample: Yes Grower will drop off to specified collection point



AgFirst BOP Ltd
 137 Tetley Road, Katikati, NZ
 PO Box 147, Katikati, NZ
 Phone: +64 7 549 1044
 Fax: +64 7 549 0886
 Email: support@agfirstbop.co.nz
 Website: www.agfirstbop.co.nz

KPIN	Orchard Name	Variety	Mat Area Name (5 characters Max)	Blocks	Date to be Sampled	Full Bloom Date	Weight	Dry matter	Seeds	Colour	Pressure	Brix Blossom only	Brix Equatorial	Other Tests Required

Special Instructions: _____

For Office Use Only	Checked Off By
MA Set-up	
Sample Requested	
Sample Delivered to Lab	
Web Login set-up (if required)	
Client Details entered in "Manage Clients"	
Name	Date