



**UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
COTTON & TOBACCO PROGRAM**

DATE _____ ORDER # _____

Standardization & Engineering Division
3275 Appling Road
Memphis, TN 38133
Telephone: (901) 384-3030
Fax: (901) 384-3039
E-Mail: cotton.standards@ams.usda.gov

DO NOT WRITE IN THIS SPACE	
PAID BY CHECK NO.	AMOUNT
RECEIVED BY	DATE

HVI Check Test Program - Domestic Order Form

P	ITEM	DESCRIPTION	UNIT PRICE	QUANTITY	DOLLAR AMOUNT
1	Complete Program	12 Months	\$XXX.XX		\$
1	Pro-rated Program	1 Month	\$XX.XX		
	First Year Participation	Shipping	Amount based on destination		
Type of HVI Instrument			TOTALS →		\$

The cost of the program to new domestic participants is free the first year, (excluding shipping). After you return this order form to us, we will notify you of the shipping charges.

The official cost of the program is \$XXX.XX for the check test period of August through July . The \$XXX.XX must be paid in advance in U. S. dollars with the check drawn on a U. S. bank, payable to **USDA AMS Cotton and Tobacco Program**. If participation starts after August, the cost will be pro-rated at \$XX.XX per month. **Payment can also be made by credit card. Letters of credit are not accepted.**

CHECK VISA MC ACCT NO. _____ EXPIRES _____

SIGNATURE _____

SHIP TO (<i>print or type</i>)		
CONTACT NAME	COMPANY NAME	
STREET ADDRESS (<i>necessary</i>)		
POSTAL BOX	CITY	PHONE
STATE, COUNTRY AND ZIP CODE	E-MAIL ADDRESS	FAX

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