



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

DATE: _____ ORDER # _____

Standardization & Engineering Division
3275 Appling Rd.
Memphis, TN 38133
Telephone: (901) 384-3030
Fax: (901) 384-3032
E-mail: cotton.standards@usda.gov

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

Micronaire Orifice Calibration Material Order Form

ITEM	U.S.	EXPORT	QUANTITY	DOLLAR AMOUNT
J1 Micronaire Orifice Set Storage Box, 10 gram brass weight, and Low & High Orifice Plugs	<input type="checkbox"/> FOB Memphis \$XXX.XX <input type="checkbox"/> Surface Delivery \$XXX.XX	<input type="checkbox"/> Request Quote for Air Freight Pre-Paid		\$
J2 Low Micronaire Orifice Plug	<input type="checkbox"/> FOB Memphis \$XX.XX <input type="checkbox"/> Surface Delivery \$XX.XX	<input type="checkbox"/> Request Quote for Air Freight Pre-Paid		
J3 High Micronaire Orifice Plug	<input type="checkbox"/> FOB Memphis \$XX.XX <input type="checkbox"/> Surface Delivery \$XX.XX	<input type="checkbox"/> Request Quote for Air Freight Pre-Paid		
J4 Reassignment of Micronaire Orifice Set (Requires the return of orifice set)	<input type="checkbox"/> FOB Memphis \$XX.XX <input type="checkbox"/> Surface Delivery \$XX.XX	<input type="checkbox"/> Request Quote for Air Freight Pre-Paid		
J5 Micronaire Orifice Storage Box Includes 10 gram brass weight	<input type="checkbox"/> FOB Memphis \$XX.XX <input type="checkbox"/> Surface Delivery \$XX.XX	<input type="checkbox"/> Request Quote for Air Freight Pre-Paid		
S1 Micronaire Chamber Calibration Cotton (5 lbs.)	<input type="checkbox"/> FOB Memphis \$XX.XX <input type="checkbox"/> Surface Delivery \$XXX.XX	<input type="checkbox"/> Request Quote for Air Freight Pre-Paid		
Totals →				\$

PAYMENT MUST BE SUBMITTED WITH ORDER. WE DO NOT ACCEPT LETTERS OF CREDIT.

CHECK MUST BE DRAWN ON A U.S. BANK PAYABLE TO : USDA, AMS, COTTON AND TOBACCO PROGRAM.

CHECK VISA MC ACCT. NO. _____ EXPIRES _____ SIGNATURE _____

PRICES: Price of standards includes packaging, handling and delivery where stated. Fumigation (*if needed*) is a minimum of \$XX.XX per order. Phytosanitary Certificate (*if needed*) is \$XX.XX.

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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