



Association of
American Plant
Food Control
Officials

MAGRUDER

Magruder Treasurer Use Only	
Date Rec.	_____
Check No.	_____
Amount \$	_____
Lab No.	_____

INVOICE

Magruder Fertilizer Check Sample Program (Year 20__)

New Lab Renewal - Lab Number _____

NAME		_____	
ORGANIZATION		_____	
ADDRESS		_____	
PHONE		FAX	
E-MAIL		_____	

- Instructions:
1. Fill out the above information COMPLETELY.
 2. You MUST provide an e-mail address to receive summary reports.
 3. Check box for renewal or new lab.
 4. If renewal, specify your Magruder Lab Number.
 5. Complete payment information below.

Subscription Fee (January 1 - December 31) - \$300.00
(Subscribers outside of the US will be charged for postage).

Method of Payment:

VISA MASTERCARD

CHECK # _____

Payment Instructions:

1. Make the check or bank draft (**US Dollars only**) payable to **Magruder, Inc.** (FEIN #52-0854569).
2. Fill out credit card information on next page if paying by VISA or Mastercard.
3. NO electronic transfers, purchase orders, or other credit cards will be accepted.
4. Print out this sheet (with credit card information on following page if applicable) and fax or mail along with payment to:

Jamey Johnson, Treasurer
Magruder Check Sample Program
AR State Plant Board
No. 1 Natural Resources Drive
Little Rock, AR 72205

Phone: 501-225-1598
Fax: 501-219-1746
E-mail: aapfco@aspb.ar.gov

DO NOT SEND THE INVOICE AND CHECK TO ANY OTHER ADDRESS

If paying by credit card, please provide the following information:

Lab Number: _____

Name on Credit Card	
Mailing Address for Credit Card	
City	
State	
Province	
Zip Code	
Postal Code	
Country	

Credit Card Number	
Expiration Date	

SIGNATURE, authorizing purchase: _____