TAG ORDER FORM

Bill Tags To _____

_____

_____

Date Received _____

Date Printed _____

Printer's ID _____

Ship Tags To _____

☐ Check if same as Billing address

_____

_____

Variety & Kind	Lot Number	Quantity	Tag Kind	Pure Seed	Crop	Inert	Weed	Germ	Hard Seed	Germ Total	Test Date	Sd/lb.	Net Wt /Origin	Name to print on label if not applicant