



# WESTERN LABORATORIES, INC.

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## Secret Vault Atlantic Giant Pumpkin Submission Form

Please download this file, print and fill out. Please submit payment with your form and first sample.

What's included:	Cost:
1 Pre-Season Soil + Nematode	\$104.00
1 Pre-Season, Post Amendment Soil	\$57.00
5 Complete Tissue	\$235.00
5 Soil Supply Rate Tests	\$200.00
<b>Program Discount</b>	<b>-\$246.00</b>
<b><u>Total</u></b>	<b><u>\$350.00</u></b>

*Suggested Sample Collecting Dates:  
July 1<sup>st</sup>, July 15<sup>th</sup>, August 1<sup>st</sup>, August 15<sup>th</sup> and September 1<sup>st</sup>*

<b>Dealer</b>		<b>Name</b>					
<b>Email Address</b>							
<b>Billing Address</b>							
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
<b>Office Number</b>				<b>Cell Number</b>			

These dates can be estimates but are crucial to the program.

Planting Date?

Harvest Date?

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## **SV Atlantic Giant Pumpkin Program Agreement**

This Agreement ("Agreement") is entered into between Western Laboratories ("Provider") and the undersigned participant ("Participant") in connection with the SV Atlantic Giant Pumpkin Program ("Program").

### **1. Program Participation and Certification**

- The Participant agrees to engage in the SV Atlantic Giant Pumpkin Program, and acknowledges that the Program will be governed by the terms of this Agreement.
- This Program is NOT to be stacked with certificates donated by Western Laboratories. Only a PURCHASED certificate specifically labeled "SV Atlantic Giant Pumpkin Program Certificate" will be valid for participation in this Program.

### **2. Prepaid Program Terms**

- The Program is prepaid, and full payment must be made in advance of participation.
- The Participant understands that the Program is non-refundable once payment is received.
- Tests within the program CAN NOT and WILL NOT be traded for any test.

### **3. Disaster Clause**

- In the event that the Participant experiences a disaster (e.g., crop failure, natural disaster) prior to completing the Program, the Participant must notify the Provider before October 1st of the year in which the disaster occurred. Notification must be provided in writing or through an official communication method accepted by the Provider.
- If the Participant notifies the Provider of a disaster before October 1st, the Provider will calculate the remaining unused credit and apply it to the Participant's account.
- The remaining credit may only be used for participation in the Program in the following year. Any remaining credit not used by the following year will expire and cannot be carried over further.

### **4. No Refunds After October 1st**

- If the Participant fails to notify the Provider of a disaster before October 1st, no credit or refund will be applied to the following year. All payments will be forfeited, and no adjustment will be made.

By signing below, the Participant agrees to all terms and conditions set forth in this Agreement.

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Signature

Date