

TEST REQUEST FORM

To be included with shipment(s) of sample(s)

PLEASE PRINT

COMPANY REQUESTING TESTING:

Company Name: _____

Contact Person: _____ Telephone: _____

E-mail: _____

Address: _____

Description of sample(s) sent for testing: _____

How do you want the sample(s) to be identified in the report? _____

Do you want the samples returned to you? _____ If yes please supply UPS Account #: _____

Testing requested:

PURCHASE ORDER #: (If required for billing) _____

Accounting Contact Information:

(Including e-mail address)


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