



833 Parfet Street • Lakewood, CO • 80215 • (303) 232-8308 • (303) 232-1579

**TESTING SERVICES REQUEST FORM**

PROJECT INFORMATION		
*Project Name:	*Project Number:	
Project Type:	Project Location:	
*Primary Contact:		
*Phone:	*E-mail:	
Additional Contacts:		
Phone:	E-mail:	
*Preferred Method of Data Delivery:	<input type="checkbox"/> Electronic	<input type="checkbox"/> USPS Mail
E-mail or Address for Data Delivery:		
Notes:		

BILLING INFORMATION		
*Company:		
*Accounts Payable Contact:		
*Phone:	*E-mail:	
*Billing Address:		
*City:	*State:	*ZIP Code:
Special Invoicing Requirements:		
<b>*What are your payment terms?</b>		

SAMPLE INFORMATION		
Sample Type:	Containers:	Number:
Sample Type:	Containers:	Number:
Sample Type:	Containers:	Number:
Delivered By:	Sample Delivery Date:	
Notes:		

**Please attach a separate lab testing program.**

NOTICES
<p><b>*Required Information</b></p> <ol style="list-style-type: none"> <li>1. This completed form must be received before we are able to provide a quote for services or begin a testing program.</li> <li>2. All invoices are to be paid 30 days from the date of the invoice, unless stated otherwise.</li> <li>3. All samples will be discarded after 60 days unless other arrangements are made.</li> </ol>