

Date: \_\_\_\_\_

### CONTACT INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Quotation #: \_\_\_\_\_ Number of Samples: \_\_\_\_\_

### RETURN INFORMATION

Is the sample to be returned:  Service:  Overnight  2nd Day  Ground

Shipping Account #: *(If Necessary)* \_\_\_\_\_

### PAYMENT INFORMATION - ALL TESTS MUST BE PREPAID

Payment Information: \_\_\_\_\_  MasterCard  Visa  Amex  Discover

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

*(Call this in if you prefer)*