

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

### CONTACT INFORMATION

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

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

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

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

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

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

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

### RADIOMETRIC EVALUATION

Number of UV Transmission Samples: \_\_\_\_\_ Wavelength Range 250 – 450 nm

Number of Visible Transmission Samples: \_\_\_\_\_ Wavelength Range 400 – 700 nm

### RETURN INFORMATION

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

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

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

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

*(Call this in if you prefer)*

PO #: *(Approval Required)* \_\_\_\_\_