



Sample Submission

Name _____		Company _____	
<i>(These names to appear on test report)</i>			
Postal Address _____			ABN _____
Postcode _____			
Email _____			
Phone _____		Fax _____	
<i>NOTE: Reports will be emailed to the above unless requested otherwise.</i>			
Samples submitted by: _____			
Copies of reports to be sent to: _____			

IMPORTANT

ENSURE THE SAMPLE AND TESTING DETAILS ARE COMPLETED ON THE BACK OF THIS FORM AND SAMPLES ARE LABELLED WITH YOUR SAMPLE IDENTIFICATION

Samples will not be processed without appropriate authorisation and account payment details

Authorisation

I am the person authorised to request analysis of the samples provided and agree to accept all associated charges for such analysis

Name _____ Signature _____ Date _____

Send Invoice to or Charge

Name			Cost/Project code
Address			
Postcode	Phone	Purchase Order No	
Invoice to be sent by <input type="checkbox"/> Post <input type="checkbox"/> Email: (include address)			
Have you been given a Price Advice <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach)			

