



Lab Kit Order Form

Business Name:	
Customer Name:	
Billing Address:	
Shipping Address:	
Date of Order:	
CUSTOMER CONTACT INFORMATION	
Email Address:	
Phone Number:	

KIT TYPE & # SENT:			
___ Standard Anion Test	___ Standard TOC Test	___ Basic - Water	___ Deluxe - Water
___ Standard Cation Test	___ Water TOC Test	___ Basic with Coliform - Water	___ PFAS - Full - Water
___ Standard Iron Test	___ Water VOC Test	___ Standard - Water	___ PFOA & PFOA Only - Water
___ Standard Mixed Bed Test	___ Ultra - Water	___ Standard with Coliform - Water	___ Other:

Special Notes:

Prepay: Yes No

If prepay, form of payment: Credit Card Check

NET Terms: Yes No

CREDIT CARD INFORMATION	
Company Name:	
Name on Card:	
Card Number:	
Expiration Date:	
Security Code: <small>(3 digits for most cards)</small>	
Billing Address:	
City, State, Zip Code:	