



## Lab Kit Order Form

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

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