***Actlabs Materials Testing – Sample Submission Form***

|  |  |  |
| --- | --- | --- |
| CONTACT INFORMATION |  | PRIORITY |
| **NAME** |  |  | **NEXT DAY**100% Surcharge Applies |
| **COMPANY** |  |  | **RUSH**50% Surcharge Applies |
| **ADDRESS** |  |  | **REGULAR**5-10 Business Days |
| **PHONE** |  | DESIRED DELIVERY |
| **EMAIL** |  |  / / 201\_\_ |

|  |  |
| --- | --- |
| PAYMENT INFORMATION | PURCHASE ORDER # |
|  | **PAYMENT INCLUDED**Make all cheques payable to *Activation Laboratories Ltd.* |  |
|  | **CREDIT CARD**Attach Card Number, Expiry Date, Full Name & Signature | QUOTATION # |
|  | **ON ACCOUNT**For credit, refer to Credit Application Form |  |

|  |
| --- |
| SAMPLE INFORMATION |
| **SAMPLE ID**Please write ID on Samples or Tags | **MATERIAL INFORMATION**Specifications | **ANAYSIS REQUESTED**Please include any Standards |
|  |  |  |
| SPECIAL INSTRUCTIONS / COMMENTS |
|  |

A completed copy of this form must accompany all shipments. Failure to include this form may cause delay in analyses and may also be subject to an administration fee. **Sample submission form for Actlabs Materials Testing only.**