



55 RAILROAD AVENUE RIDGEFIELD NEW JERSEY 07657
PHONE: 201.313.3353 FAX: 201.313.3354 WWW.QUALIMAXLLC.COM

ORDER FORM FOR ANALYTICAL TESTING

Customer PO#: _____

Company: _____

Address: _____

Shipped From: _____

Contact: _____

Fax: _____ Phone: _____

Invoice to: _____

Fax: _____

Report to: _____

Fax: _____

Number of Samples Sent: _____

Sample Size: _____

| Customer Sample Identification | Sample Description | Test Requested | Specific Method Needed |
|--------------------------------|--------------------|----------------|------------------------|
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- Processing Time: Standard
 Rapid – (2X Standard Price)
 Express – (3X Standard Price)

Signature: _____

Date: _____

Terms and Disclaimers: By signing and submitting this Order Form for Analysis, the Customer acknowledges that it has read, understood and agrees to be bound by the applicable terms and conditions outlined in Qualimax's Terms and Conditions, a copy of which has been previously provided to Customer, and which terms and conditions are incorporated herein by reference.