



S & N LABS Request Form

Date submitted:	
Client Name:	Report results to:
Client Address:	
	Email:
	Phone:
Reference # / Project Name:	Fax:

Payment options:	Sample disposition:
<input type="checkbox"/> Pre-pay	<input type="checkbox"/> Send sample(s) back via _____ Via U.S.mail -\$10 min.chg. If Fedex or UPS, provide Acct #:
<input type="checkbox"/> PO #:	<input type="checkbox"/> Dispose of sample(s) after 30 days
	<input type="checkbox"/> Store an add'l _____ months (\$10/mo.after 30 days)

Send invoice to:
Client Name:
Attention:
Client Address:
Phone number:

Turnaround Time:
<input type="checkbox"/> Standard (typically 1-2 weeks) <input type="checkbox"/> RUSH (1-2 days) 100% surcharge
Report results by:
<input type="checkbox"/> Mail <input type="checkbox"/> Fax () <input type="checkbox"/> Other:

Item # / Label	Description	Test(s) Requested

Special Instructions: (goals, etc.)