HAZEN RESEARCH, INC.

4601 INDIANA STRÉET

ANALYTICAL SERVICES REQUEST FORM

GOLDEN, CO 80403 Phone: (303) 279-4501 Fax: (303) 278-1528 Web: hazenresearch.com/capabilities/analytical-services Customer Information Company Name:		For Hazen Use Only Date Received by Hazen Research, Inc.:			
				LCI:	Cust. ID:
		Billing Information (if different) Billing Company:			
				Contact Name:	
		Address:		Billing Address:	
Phone:		Phone:	Phone:		
E-mail:		E-mail:			
Payment Information (indicate payment	method below)			
Purchase Order Number:*		,			
Cash: Amount, \$					
Money Order: Amount, \$					
Check No.:	Amount, \$				
Credit Card: Please call with credit	card details.				
Sample Identification Requested Ar		alyses			
•		_			
Method of Shipment:	Requested Turn	around Time:			
			approved, additional charges apply)		
Special Instructions Hazardous samples wi		· · · · · · · · · · · · · · · · · · ·			
discarded 90 days afte	er completion un	less other arran	gements are made.		
*Durchage order number for each and 1997	acces only The	of any number	are rejected and do not apply to this .		
*Purchase order number for customer billing reference pur	ooses only. The terms o	ਮ any purchase order	are rejected and do not apply to this transaction.		
CUSTOMER REPRESENTATIVE: TO REQUEST THESE SERVICE	S, PLEASE SIGN AND R	RETURN THIS FORM T			
IMPORTANT NOTICE: THESE SERVICES ARE ALSO SUBJECT	TO THE LEGAL TERMS	AND CONDITIONS O	Please sign here N THE REVERSE SIDE (P.2) OF THIS DOCUMENT.		