

**PLEASE PRINT**

**AIR SAMPLING ORDER FORM**

1.	Company's Name Placing The Order		
2.	Company's Address		
3.	Company's City/ST/Zip		
4.	Contact Person		
5.	Phone #		
6.	Fax #		
7.	Circle The Purpose of Trip	Air Testing Pre-treatment    Post treatment	Ozone Treatment
8.	Size (sq ft or # bedrooms)		
9.	Address Of The Sample Site		

**DIRECTION: (NOTE: PLEASE WRITE DOWN DIRECTIONS TO SAMPLE SITE)**

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**PLEASE BE SURE THE ELECTRICITY IS RUNNING ON PROPERTY, WE DO CHARGE FOR A TRIP CHARGE IF WE HAVE TO COME BACK AT LATER DATE.**

10.	Signature		Date	
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**NOTE: PAYMENT TO BE PAID AT TIME OF INITIAL SAMPLING OR TREATMENT**

**PLEASE FAX ORDER FORM BACK TO TRI-TECH LABS AT (407)281-9187  
IF ANY PROBLEMS RECEIVING THE ORDER FORM PLEASE CALL (407)275-8463**