

## ORDER FORM

**PLEASE PRINT**

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.	Project Name:	
8.	Address & City of Sample Site:	
9.	Number of Samples Sites:	
10.	Purchase Order Number:	

11.	Type of Test: Circle one	Bacterial 1 Day	Bacterial 2 Consecutive Days	5 Day Well Survey	10 Day Well Survey	Other Test List Below
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Other Test(s) \_\_\_\_\_

12.	Date(s) Requested for Sampling:	
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13.	Signature of Client Placing the Order:	Date:
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**DIRECTIONS TO SAMPLE SITE:** \_\_\_\_\_

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**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**