

PLEASE PRINT

AIR SAMPLING ORDER FORM

1.	Company's Name Placing The Order		
2.	Company's Address		
3.	Company's City/Street/Zip		
4.	Contact Person		
5.	Phone #:		
6.	Fax #:		
7.	Circle The purpose Of Trip	Air Testing Pre-Treatment Post Treatment	Ozone Treatment
8.	Size [# Of Bedrooms]		
9.	Address Of The Sample Site		

Directions: [Note: Please Write Down Directions To Sample Site]

Please Be Sure The Electricity Is Running On Property, We Do Not Charge For A Trip Charge If We Have To Come Back At a 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.**