

ACTLabs MATERIALS TESTING

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CONTACT INFORMATION		PRIORITY
NAME		NEXT DAY 100% Surcharge Applies
COMPANY		RUSH 50% Surcharge Applies
ADDRESS		REGULAR 5-10 Business Day
PHONE		DESIRED DELIVERY
E-MAIL		/ / 200__

PAYMENT INFORMATION		PURCHASE ORDER #
PAYMENT INCLUDED Make all cheques payable to ACTIVATION LABORATORIES LTD		
CREDIT CARD Attach Card Number, Full Name & Expiry Date with Signature		QUOTATION #
ON ACCOUNT For Credit with ACTIVATION LABORATORIES, Refer to Credit Application Form		

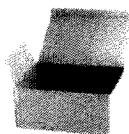
SAMPLE INFORMATION		
SAMPLE ID Please Write ID on Samples or Tag	MATERIAL INFORMATION Specifications	ANALYSIS REQUESTED Please include any Standards

SPECIAL INSTRUCTIONS/ COMMENTS

A completed copy of this form must accompany all shipments. Failure to include this form may cause delay in analyses and may also be subject to an administration fee.



smart.



creative.



accurate.



fast.