



NZWTA

EMAIL TO: NZWTA
ATTENTION: Lorraine Greer / Christian Judan
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COMPANY FROM:
CONTACT NAME:
STREET ADDRESS:
COMPANY PHONE NO:
EMAIL ADDRESS:
TOTAL NO. OF PAGES:

Testing Services Request

ORDER NUMBER: _____

DATE: _____

SAMPLE DESCRIPTION:

SAMPLE DESCRIPTION:

TEST METHOD	DESCRIPTION OF TEST

INVOICE TO BE SENT TO (MAILING ADDRESS):

TIME REQUIRED: NORMAL: URGENT: (30% surcharge applies)

DISPOSAL OF SAMPLES: DESTROY: RETURN: NO PREFERENCE:

RESULTS TO BE EMAILED: YES: NO: