



NZWTA

EMAIL TO: NZWTA
ATTENTION: Lorraine Greer
EMAIL: lorraine.greer@nzwta.co.nz
COMPANY FROM:
CONTACT NAME:
STREET ADDRESS:
COMPANY PHONE NO:
EMAIL ADDRESS:
TOTAL NO. OF PAGES:

Testing Services Request

ORDER NUMBER

DATE.....

SAMPLE DESCRIPTON

NUMBER

APPROX. WEIGHT

.....
.....
.....
.....
.....

REF NO.

TEST METHOD

DESCRIPTION OF TEST

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.....

INVOICE TO BE SENT TO: (MAILING ADDRESS)

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

DISPOSAL OF SAMPLES: Destroy ☐ Return ☐ No Preference ☐

COMMENTS: Results to be emailed Yes ☐ No ☐