

Job no: 21_

Prepped:	Date: _____	Initial: _____
Analysed:	_____	_____
Reported:	_____	_____
Invoiced:	_____	_____
MYOB:	_____	_____

CLIENT DETAILS

Client: _____	Date: _____
Contact person: _____	Tel: _____
Client address: _____	ABN: _____
Email address: _____	Quote #: _____
	Your order #: _____

ANALYSIS AND REPORTING

Results required by: (please provide a date)		Sizing					Composition				Characterisation															
		Laser Diffraction (Malvern)	Sedimentation (Sedigraph)	Particle Counting (Hiac Royco)	SEM Feature auto imaging	Wet/dry sieving (screening)	X-ray Diffraction (Q/SQ/Qual)	SEM General ID/ Imaging	SEM Fibre ID	SEM EDS Phase mapping	Pore Structure Analysis	Density Measurement	Total Suspended Solids (TSS)	Self-Heating	Corrosivity	Flammability	Respirable Free Silica (RFS)	TML (AoR, density, moisture)	FTIR	Other (please specify)						
Reporting Method: (select one or more) <table border="0"> <tr> <td>Email</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hard copy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Previously agreed report format</td> <td><input type="checkbox"/></td> </tr> </table>		Email	<input type="checkbox"/>	Hard copy	<input type="checkbox"/>	Previously agreed report format	<input type="checkbox"/>																			
Email	<input type="checkbox"/>																									
Hard copy	<input type="checkbox"/>																									
Previously agreed report format	<input type="checkbox"/>																									
Number of Samples in batch: <input type="text"/>																										
Samples (list all Samples for Analysis - use additional sheets for 11 or more samples)		LAB ID # (Official use)																								

SAFETY

Are any of the Samples hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'YES', describe the hazard and attach an MSDS to the Samples: _____ _____	After Analysis we should: (select one) Return Samples to Client <input type="checkbox"/> Discard Samples: or <input type="checkbox"/> Store for up to 2 months then discard. <input type="checkbox"/>
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PAYMENT

Fee: A\$ _____ (this includes GST). **Start Date:** _____ **Delivery Date:** _____
Payment Terms: Payment required prior to release of results for non-account clients. Account clients - 30 days from date of invoice.
Payment Method: Please indicate how you will pay:
 by EFT or bank transfer (a tax invoice will be issued with account details for payment);
 by cheque; or
 by credit card:
 Visa **MasterCard**
Credit Card Number: _____ / _____ / _____ / _____ **CVV** _____
Cardholders name: _____ **Expiry Date:** ____ / ____ **Signature:** _____

SIGN

This form is a request for Microanalysis Australia to commence the above analyses and an agreement to all relevant charges as per the Terms and Conditions. Should there be any queries, please contact us by phone or email.

Name: _____ Signature: _____ Date: _____