



5 Alvan Street, Mount Lawley WA 6050
Tel: (08) 9225 5810
Mob: 040 777 1447
Email: admin@microanalysis.com.au
ABN: 65 133 060 787

Job no: 21_

(Microanalysis Official use)

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										
	Reporting Method: (select one or more) Email <input type="checkbox"/> Hard copy <input type="checkbox"/> Previously agreed report format <input type="checkbox"/>	Number of Samples in batch: <input type="text"/>	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)
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"/>
---------------	--	---

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: <input type="checkbox"/> by EFT or bank transfer (a tax invoice will be issued with account details for payment); <input type="checkbox"/> by cheque; or <input type="checkbox"/> by credit card: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
	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: _____