



McC Creath

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Sample Submission Form

PLEASE COMPLETE AND FORWARD WITH ALL SAMPLES. KEEP A COPY FOR YOUR RECORDS.

Company Name <small>(As it will appear on the report)</small>							
Street Address <small>(As it will appear on the report)</small>							
City		State		Zip			
Country (if outside US)		Preferred Contact Method		Tel	Fax	Email	
Contact Name (s)		Phone No.					
Email (s)		Fax No.					
Purchase Order No							
Complete Material Description							
Sample Identification <small>(How sample should be identified on report / invoice)</small>							
Other Identifying Information <small>In addition to the Sample Identification</small> <small>(Lot No, Vessel, Barge, tonnage, size, etc.)</small>							
Requested Testing							
Comments / Special Instructions							
Date Results Requested By							
Invoice Address	Street						
Same as address above	City	State		Zip			
Credit Card Payment <small>(VISA or MasterCard Only)</small>	Card No.	CVV		Expiration Date			
Exact Name as it appears on Card							