TEST ORDER AND CONFIRMATION FORM

CLIENT:		ORDER NUMBER:	
ADDRESS:		DATE:	
		TELEPHONE:	
ATTENTION:		FAX#:	
TESTS AND CHARGES AUTHORIZED BY:			
SAMPLE SUBMITTED:			
SEASON:		DEPARTMENT:	
REQUESTS:			

Number of Items	**TYPE OF WORK OR TEST REQUIRED**	**CHARGE**
	New Clients: Payment Required Prior To the release of the Test Reports	
Priority:	Regular Service:	
	Red Label Service: +25%	
	Double Red: +50%	
Estimated Completion Time:	Estimated Charge:	_____

Results by: Phone_____ Fax_____ Messenger_____ Mail_____

Message:

Vartest Laboratories Inc
19 West 36th Street, New York, NY 10018
Phone: (212) 947-8391 Fax: (212) 947-8719