



BRICK ANALYSIS SERVICES

Request Form

Please enclose this form with brick sample(s) representing the material to match.
All information on this form must be provided prior to commencement of service.

Customer Information						
Name:			Organization:			
Phone:		Email:				
Address:				Suite/Unit/Floor:		
City		State		Postal Code		
Property Information						
Property Name/Description:						
Address:				Unit #		
City:		State:		Postal Code:		
Date of Original Construction:		Spot or 100% repointing?		Sample Tags Completed?		
Service Selection	Package	Service Level		Cost	Sample Tag #s	Total Qty
	ASTM C67 Advanced Testing	Compression, Absorption, IRA and Modulus of Rupture Testing		\$2,000		
(Enter quantity for each analysis)	ASTM C67 Basic Testing	Compression Testing		\$500		
Payment Information		<input type="checkbox"/> Bill Company Account <input type="checkbox"/> Check enclosed <input type="checkbox"/> Credit Card Info Provided Below <input type="checkbox"/> Call for Payment <input type="checkbox"/> Invoice for Payment <input type="checkbox"/> Other:				
Visa/MasterCard # _____ - _____ - _____ - _____		Exp. Date		CVV		
Name on card						
Amount to be charged to card (Your credit card will be charged on the date the order is received): \$						
Authorized Signature of Cardholder (Required)						
Shipping Information (Deliveries to P.O. Boxes not available)						
Name			Company			
Phone		Fax		Email		
Address			Suite/Apt. #			
City		State/Province		Postal Code		
Office use only		Sample received		Payment verified		
Project #		Match completed		Sample prepared		
		Management reviewed		Sample shipped		