



MORTAR ANALYSIS AND MATCHING SERVICES – FOR REPOINTING

Request Form

Please enclose this form with mortar 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
(Enter quantity for each analysis)	Package A (ASTM C-1324)	Petrographic, acid digestion, full report	\$1,995		
	Package B	Acid Digestion, full report	\$740		
	Package C	Acid Digestion, summary report	\$495		
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 competed		Sample prepared	
		Management reviewed		Sample shipped	