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#202, 509-11 Avenue
Nisku, Alberta T9E 7N5
Ph: 1-877-955-7861

SAMPLE/TEST REQUEST FORM

COMPANY NAME: _____ ADDRESS: _____

CONTACT: _____ DATE: _____

PHONE NO.: _____ FAX NO.: _____ PAGE ____ of ____

SAMPLE NO.	CLIENT NAME	SAMPLE DESCRIPTION	PKG NO.	COMMENTS	LAB NO.

Payment terms: Please include payment with sample unless credit has been arranged.

DELIVERY ADDRESS: (Mail and Courier)
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