



FOR ULTIMATE LABS USE ONLY

Invoice No:

EQUIPMENT / MATERIAL REQUEST FORM

Client Information

EMAIL FORM TO PICKUP@ULTIMATELABSINC.COM

Name:		Phone No.:	
Company:		E-mail:	
Street Address:		E-mail:	
City, State, ZIP:		E-mail:	

Order Information

Check	Test Code	Description	Price	QTY	Total
<input type="checkbox"/>	RTL001	Met-One Rental	\$100/day		
<input type="checkbox"/>	RTL002	SAS Rental	\$100/day		
<input type="checkbox"/>	TSAPL	TSA Contact Plates (10 Plates per Sleeve)	\$50/Sleeve		
<input type="checkbox"/>	BI	Biological Indicator	\$10/each		
<input type="checkbox"/>	TOCSWAB	TOC Cleaning Validation Kit w/ swab	\$25/each		
<input type="checkbox"/>	PICKUP	Delivery Fee	\$25		
TOTAL					

Additional Comments

(Rental dates, Materials needed by, Fedex/UPS number for shipping, etc.)

Payment Information

PO Number:

Credit Card: Fill Out Authorization Form on Page 2.

CLIENT SIGNATURE: _____

Date: _____

UL SIGNATURE: _____

Date: _____

Electronic signatures are equivalent to paper signed signatures.

Once we receive your request form the Lab will contact you to make drop off/pickup arrangements and confirm date availability of requested equipment and/or materials.



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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Ultimate Labs, Inc to make a one-time debit to your credit card listed below. Please note that there will be a 5% transaction fee added to end total.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I authorize Ultimate Labs, Inc. to charge my credit card account indicated below for the materials and/or equipment listed above, including the 5% transaction fee and delivery fee (if applicable).

I authorize the Ultimate Labs, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Credit Card Type: Visa MasterCard AMEX Discover

Name on Card:			
Billing Address:			
City, State, Zip Code			
Expiration Date:		CVV:	

SIGNATURE: _____ **Date:** _____

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Equip. Asset No.	Cal Due Date	Equip. Asset No.	Cal Due Date

Material Description	Expiration Date	Lot Number

Total up equipment, materials, transaction fee and delivery fee and fill out Total Amount on Page 1. Forward to Finance for billing.

Subtotal	Delivery Charge	Credit Card Fee	Total Amount