

LEAD IN PAINT AND DUST TEST KIT PAYMENT FORM

PAYMENT FORM

#LP106

STANDARD LAB RESULTS (\$30) _____

EXPRESS SERVICE (\$45) _____

TOTAL \$ _____

MAKE CHECKS PAYABLE TO *PRO-LAB*[®]

CHECK

MONEY ORDER

CREDIT CARD

PRO-LAB[®] CREDIT CARD PAYMENT (VISA, MASTERCARD, AMEX & DISCOVER ONLY)

Name (as it appears on card) _____

Street Address _____

City/State/Zip _____

Credit Card # _____

Expiration Date _____

Amount \$ _____

Phone () _____

Signature _____

Date / / _____

***PRO-LAB*[®] • 1675 N. COMMERCE PARKWAY • WESTON • FL 33326**

INFORMATION FORM

#LP106

Name _____ Phone () _____

Street Address _____

City _____ State _____ Zip _____

Email Address Required for all Results: _____

LEAD SAMPLE

Paint

Dust

Date of Sample: _____

Where was the sample taken from?

House

Apartment

Office

Other: _____

Age of house (or Building) in years: _____ Room where sample was taken: _____

How long have you been living in your home? _____

Exact location of sample:

Door

Floor

Window Sill

Window Well

Other: _____

(Paint Only) Composition of the material beneath the paint (the subsurface)

Wood

Plastic

Steel

Concrete

Vinyl

Other: _____

(Dust Only) Surface Measurement (length and width) of area sampled: _____

Surface material where sample was taken:

Wood

Metal

Vinyl

Other: _____

If you are not interested in receiving additional information about other products, please check here.

For lab use only: _____

Date sample received _____ Time _____ Received by _____