

LEAD IN WATER TEST KIT PAYMENT FORM

MUST BE RETURNED TO PRO-LAB®

#LW107

TEST LOCATION AND PAYMENT FORM

COMPLETE INFORMATION REQUIRED

Name:

Test Address:

City:

State: Zip:

Sample Location:

Date Sample Collected: / /

EMAIL ADDRESS REQUIRED FOR RESULTS

Email:

STANDARD LAB RESULTS (\$40) **OR** EXPRESS LAB RESULTS (\$60) **TOTAL \$**

MAKE CHECKS PAYABLE TO **PRO-LAB®** CHECK # MONEY ORDER

CREDIT CARD: Visa Mastercard Discover AMEX

Credit Card #:

Exp. Date
 /

Credit Card Security Code (3 or 4 digits):

Phone: - -

Name on Card / Check:

Street Address: Zip:

City: State / Province:

Signature: _____

Date: / /

By submitting your sample to **PRO-LAB®** for analysis, you authorize **PRO-LAB®** and/or its affiliate representatives to contact you regarding your results.

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

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