

## TEST SERVICES REQUEST FORM



### **Integrated Paper Services, Inc.**

3211 East Capitol Drive • Appleton, WI 54911

Phone: 920-749-3040 • Fax 920-749-3046

Email: [customerservice@integratedpaperservice.com](mailto:customerservice@integratedpaperservice.com)

Website: [www.ipstesting.com](http://www.ipstesting.com)

<u>Submitter's Mailing Address:</u>	
Name:	_____
Company:	_____
Address:	_____
City, State, Zip:	_____
Country:	_____
Phone:	_____
Fax:	_____
E-mail:	_____

<u>Billing Address (if different)</u>	
Name:	_____
Company:	_____
Address:	_____
City, State, Zip:	_____
Country:	_____

***A minimum testing fee of \$150 will be charged for all jobs.***

Method of Payment:	<input type="checkbox"/> Purchase Order number _____. (Please fax PO to 920-749-3046) <input type="checkbox"/> Alternate method of payment is desired. IPS will contact you to arrange this.
--------------------	---

Several standard report formats are available to meet your needs. Please indicate your preference.	<input type="checkbox"/> E-mail Report, \$30	<input type="checkbox"/> Standard Letter, \$60
	<input type="checkbox"/> Interpretive Letter, \$175	<input type="checkbox"/> Custom Report, \$100/hour

***Please see the Testing & Consulting Services Fee Schedule on our website. If it does not address a question or concern you have, please feel free to contact us.***

Sample ID	Number of Samples	Test Requested

Additional comments or concerns: \_\_\_\_\_

If you need your samples returned, please make that request now. A fee of \$50 will be charged if we are required to send them back after the report has been issued.  Yes, please return samples.

**Please check box if you have provided more information on a separate page.**