

Proficiency Testing Program – “Single Site” Order Form

Plasticity Proficiency Program 2023 (119)

Please email the completed form to info@labsmartservices.com.au

Please PRINT company representative contact details:-

Organisation:		Address:	
NATA Ac. No.		(Postal)	
Contact:			
Phone:		Mobile:	
Email:			

Note: Postal address must be **Australia Post** recognised

I would like to request participation in this proficiency program and, by signing the authorization below, agree to LabSmart Services proficiency testing program terms and conditions (see www.labsmartservices.com.au for details) and the payment of the prescribed fees.

Name (Please Print)

Authorised Signature

Date

Please calculate the total fee payable: -

	\$650	\$	<input type="text"/>
Number of <u>additional samples</u> required at this site =	<input type="text"/>	by \$525 =	\$ <input type="text"/>
TOTAL FEE PAYABLE			\$ <input type="text"/>

Please PRINT invoicing details, leave blank if the same as company details:-

Company:		Attention:	
Address:		(Name)	
(Postal)		Email:	
Phone:		Mobile:	

Please PRINT delivery details, leave blank if the same as company details above:-

Laboratory:		Address:	
NATA Ac. No.		(Postal)	
Contact:		Address:	
Mobile or Phone:		(Courier)	
Email:			

Note: Postal address must be **Australia Post** recognised

Please indicate the preferred method of payment (tick):-

Invoice
PO N° _____

EFT

Credit Card
(2.5% surcharge)

Thank you for choosing LabSmart Services!