



Proficiency Testing Program – “Multi-Site” Order Form

Compaction Proficiency Program 2024 (121)

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

Please **PRINT** company representative contact details:-

| | | | |
|------------------|----------------------|----------|----------------------|
| Organisation: | <input type="text"/> | Address: | <input type="text"/> |
| NATA Ac. No. | <input type="text"/> | (Postal) | <input type="text"/> |
| Contact: | <input type="text"/> | | <input type="text"/> |
| Mobile or Phone: | <input type="text"/> | | <input type="text"/> |
| E-mail: | <input type="text"/> | | <input type="text"/> |

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 total fee payable:-

| | | | | |
|---|------------------------|--------------------------|----|----------------------|
| Number of sites (i.e. laboratories and Annex sites) = | <input type="text"/> | by \$650 = | \$ | <input type="text"/> |
| Total number of additional samples required over all sites = | <input type="text"/> | by \$525 = | \$ | <input type="text"/> |
| | | Subtotal = | \$ | <input type="text"/> |
| Enter discount amount (see information sheet for details) | <input type="text"/> % | Less discount of | \$ | <input type="text"/> |
| | | TOTAL FEE PAYABLE | \$ | <input type="text"/> |

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

| | | | |
|----------|----------------------|------------|----------------------|
| Company: | <input type="text"/> | Attention: | <input type="text"/> |
| Address: | <input type="text"/> | (Name) | <input type="text"/> |
| (Postal) | <input type="text"/> | E-mail: | <input type="text"/> |
| Phone: | <input type="text"/> | Mobile: | <input type="text"/> |

Please indicate preferred method of payment (tick):-

| | | |
|----------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> Invoice | <input type="checkbox"/> EFT | <input type="checkbox"/> Credit Card |
| PO N° _____ | | (2.5% surcharge) |



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Please **PRINT** details below for sample delivery to each site. ‘Annex laboratory’ samples are usually best sent “Care of” the main laboratory.

Number of samples required at this site

| | |
|---------------|--|
| Lab: | |
| NATA Ac. No. | |
| Contact: | |
| Mobile/Phone: | |
| E-mail: | |

| | |
|------------------|--|
| Address: | |
| (Postal) | |
| Address: | |
| (Courier) | |
| | |

Note: Postal address must be Australia Post recognised.

Number of samples required at this site

| | |
|---------------|--|
| Lab: | |
| NATA Ac. No. | |
| Contact: | |
| Mobile/Phone: | |
| E-mail: | |

| | |
|------------------|--|
| Address: | |
| (Postal) | |
| Address: | |
| (Courier) | |
| | |

Note: Postal address must be Australia Post recognised.

Number of samples required at this site

| | |
|---------------|--|
| Lab: | |
| NATA Ac. No. | |
| Contact: | |
| Mobile/Phone: | |
| E-mail: | |

| | |
|------------------|--|
| Address: | |
| (Postal) | |
| Address: | |
| (Courier) | |
| | |

Note: Postal address must be Australia Post recognised.

Number of samples required at this site

| | |
|---------------|--|
| Lab: | |
| NATA Ac. No. | |
| Contact: | |
| Mobile/Phone: | |
| E-mail: | |

| | |
|------------------|--|
| Address: | |
| (Postal) | |
| Address: | |
| (Courier) | |
| | |

Note: Postal address must be Australia Post recognised.

If you would like to include additional sites, please copy a blank of this page and complete or attached your own separate list of site details.

Thank you for choosing LabSmart Services