



# MORTAR ANALYSIS AND MATCHING SERVICES FOR REPOINTING

## Request Form

**Please enclose this form with mortar sample(s) representing the material to match.  
All information on this form must be provided prior to commencement of service.**

Customer Information					
Name:			Organization:		
Phone:		Email:			
Address:				Suite/Unit/Floor:	
City			State		Postal Code
Property Information					
Property Name/Description:					
Address:				Unit #	
City:		State:		Postal Code:	
Date of Original Construction:		Spot or 100% repointing?		Sample Tags Completed?	
Service Selection	Package	Service Level	Cost	Sample Tag #s	Total Qty
(Enter quantity for each analysis)	Package A (ASTM C-1324)	Petrographic, acid digestion, full report	\$1,495		
	Package B	Acid Digestion, full report	\$740		
	Package C	Acid Digestion, summary report	\$426		
Payment Information		<input type="checkbox"/> Bill Company Account <input type="checkbox"/> Check enclosed <input type="checkbox"/> Credit Card Info Provided Below <input type="checkbox"/> Call for Payment <input type="checkbox"/> Invoice for Payment <input type="checkbox"/> Other:			
Visa/MasterCard/Amex # _____			Exp. Date		
Name on card					
Amount to be charged to card (Your credit card will be charged on the date the order is received): \$					
Authorized Signature of Cardholder (Required)					
Shipping Information (Deliveries to P.O. Boxes not available)					
Name			Company		
Phone		Fax		Email	
Address			Suite/Apt. #		
City		State/Province		Postal Code	
Office use only		Sample received		Payment verified	
Project #		Match completed		Sample prepared	
		Management reviewed		Sample shipped	