



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
	Package A (ASTM C-1324)	Petrographic, acid digestion, full report		\$2,000		
(Enter quantity for each analysis)	Package B	Acid Digestion, full report		\$740		
	Package C	Acid Digestion, summary report		\$495		
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 competed		Sample prepared		
		Management reviewed		Sample shipped		