



833 Parfet Street • Lakewood, CO • 80215 • (303) 232-8308 • terratesting.com

CLIENT AND PROJECT DATA FORM

PROJECT INFORMATION

*Project Name:		*Project Number:	
Project Type:		Project Location:	
*Primary Contact:			
*Phone:		*E-mail:	
Additional Contacts:			
Phone:		E-mail:	
*Preferred Method of Data Delivery:	<input type="checkbox"/> Electronic	<input type="checkbox"/> USPS Mail	
E-mail or Address for Data Delivery:			
Notes:			

BILLING INFORMATION

*Company:		
*Accounts Payable Contact:		
*Phone:		*E-mail:
*Billing Address:		
*City:	*State:	*ZIP Code:
Special Invoicing Requirements:		

SAMPLE INFORMATION

Sample Type:	Containers:	Number:
Sample Type:	Containers:	Number:
Sample Type:	Containers:	Number:
Delivered By:		Sample Delivery Date:
Notes:		
Please attach a separate lab testing program.		

NOTICES

***Required Information**

1. This completed form must be received before we are able to provide a quote for services or begin a testing program.
2. All invoices are to be paid 30 days from the date of the invoice, unless stated otherwise.
3. All samples will be discarded after 60 days unless other arrangements are made.