

Wessling Polska Sp. z o.o.
 ul. Bobrzyńskiego 14, 30-348 Kraków
 Wessling Polska Sp. z o.o.
 Oddział w Poznaniu
 ul. Jasielska 7a, 60-476 Poznań

ORDER FORMULAR

1. Completed by Client

Company & Location		Address for the invoice	
.....		
.....		
.....		
VATID.....		VATID.....	
Phone.....		
Contact person / E-mail :		Phone:	

Ordered analysis according
<input type="checkbox"/> OFFER ID
<input type="checkbox"/> I agree to transfer the results to the State District Sanitary Inspector (applies to drinking water)

The purpose of the analysis:
<input type="checkbox"/> proprietary
<input type="checkbox"/> use of results in the regulated area

Report language*
<input type="checkbox"/> polish <input type="checkbox"/> english <input type="checkbox"/> german
Additional information to be included in the report
.....

E-mail for reports:
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additional requirements of the ordered analysis:
<input type="checkbox"/> assessment of compliance with low requirements**
<input type="checkbox"/> express analyse ***
<input type="checkbox"/> measurement uncertainty
<input type="checkbox"/> additional

* - extra costs, ** according actual requirements, *** - extra costs

..... (date) Client))

2. Completed by the WESSLING POLSKA

Method of delivery of the samples:
<input type="checkbox"/> Receipt by WESSLING POLAND employee <input type="checkbox"/> Courier/ Post Office
<input type="checkbox"/> Sampling by WESSLING POLAND employee <input type="checkbox"/> by Client

Sample condition at delivery time:		
<input type="checkbox"/> Proper <input type="checkbox"/> Incorrect <input type="checkbox"/> Temperature of the sample at the time of delivery..... °C		
Date of receipt/ Time of delivery	Person taking samples for the	Person performing the review of
.....

