

# ECT

## Environmental Compliance & Testing

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### CLIENT INFO FOR SAMPLE DROP OFF

<b>FIRST &amp; LAST NAME / COMPANY NAME:</b>	<b>DATE:</b>
<b>PHONE NUMBER:</b>	<b>FAX NUMBER:</b>
<b>MAILING / BILLING ADDRESS:</b>	<b>E-MAIL ADDRESS:</b>
<b>NUMBER OF SAMPLES &amp; DESCRIPTION</b>	
<b>TESTING FOR:</b>	<b>METHOD OF PAYMENT:</b>
ASBESTOS <input type="checkbox"/> ( 1 <sup>st</sup> sample - \$75 / \$35 each additional )	CHECK <input type="checkbox"/>
LEAD <input type="checkbox"/> ( 1 <sup>st</sup> sample - \$75 / \$35 each additional )	CASH <input type="checkbox"/>
MOLD SWAB <input type="checkbox"/> ( 1 <sup>st</sup> sample - \$85 each )	CREDIT CARD <input type="checkbox"/>
	INVOICE <input type="checkbox"/>
<b>TURNAROUND TIME:</b>	
STANDARD 3 -5 BUSINESS DAYS <input type="checkbox"/>	
NEXT BUSINESS DAY <input type="checkbox"/> ( \$35 )	
<b>*** FOR ECT TO FILL OUT ***</b>	
<b>❖ INVOICE #:</b>	<b>❖ TOTAL AMOUNT:</b>