AFTER HOUR SERVICE REQUEST FORM

CLIENT COMPANY INFORMATION

Client Name				
Address		City	State	_ Zip
Phone	Fax	Email_		
	<u>SEI</u>	RVICE INFORMATI	<u>ON</u>	
Service Type:	:			
Onsite PCM testin	ig at (address)			
In Lab PCM	, PLM	, Other	analysis in L	ynnwood
In Lab PCM	, PLM	, Other	analysis in B	ellevue
Sample pick up at	(address)			
Other (Please spec	eify)			
Time Service	Needed:			
Time	and Date			
Contact Perso	on For This Se	rvice:		
Name:	Cell #:		Email:	
Service Order	red By:			
Name (print)	Cell #			
Signature				
Time	and l	Date		
For use by Seattle Asbe	stos Test only			
•	·	On Date	and Time	
	,	On Dute	and rinc	

In addition to samples, there'll be a service charge for this service, and the rate varies with After Hour 1 (5:30 pm to 9:00 pm), After Hour 2 (9:00 pm to midnight), graveyard (midnight to 5:00 am) or early morning (5:00 am to 8:00 am, or 9:00 am in the case of Bellevue lab). Our analyst will wait for 20 minutes, and it's the client's responsibility to be on time. If the client is late more than 20 minutes, or fails to use this service, the service fee will still stand.