

Custom Quotation Request Form

From: Company Contact _____
 Company Name _____
 Phone: () _____ Ext. _____
 FAX: () _____
 Email: _____

Send to: AccuStandard, Inc.
 125 Market Street
 New Haven, CT 06513
 USA
 FAX: 203-786-5287

Page ____ of ____

For Internal Use Only

YOU CAN ALSO USE OUR WEB SITE TO
 REQUEST CUSTOM QUOTATIONS AT
www.accustandard.com

AS Tech. Rep. _____ Product Ordering # _____
 Quote Creation Date _____ Quoted price \$ _____

Requested Quantity

<p>Organic</p> <p><input type="checkbox"/> 5 x 1 mL</p> <p><input type="checkbox"/> 10 x 1 mL</p> <p><input type="checkbox"/> 20 x 1 mL</p> <p><input type="checkbox"/> other ____ x ____</p>	<p>Inorganic</p> <p><input type="checkbox"/> <u> 1 </u> x 500 mL</p> <p><input type="checkbox"/> ____ x 500 mL</p>
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No. of Comps. _____
 Product Description _____
 Concentration _____
 Solvent / Matrix _____

	Component (s)	CAS No. (optional)	Concentration (if varied)	Concentration Units
1	_____	_____	_____	<input type="checkbox"/> ng/mL <input type="checkbox"/> µg/mL <input type="checkbox"/> mg/mL <input type="checkbox"/> wt. % <input type="checkbox"/> vol. %
2	_____	_____	_____	
3	_____	_____	_____	
4	_____	_____	_____	
5	_____	_____	_____	
6	_____	_____	_____	
7	_____	_____	_____	
8	_____	_____	_____	
9	_____	_____	_____	
10	_____	_____	_____	
11	_____	_____	_____	
12	_____	_____	_____	
13	_____	_____	_____	
14	_____	_____	_____	
15	_____	_____	_____	
16	_____	_____	_____	
17	_____	_____	_____	
18	_____	_____	_____	
19	_____	_____	_____	
20	_____	_____	_____	

Photocopy
 this form for
 future use

Quotation Notes _____

Requested Delivery Date _____