



PVA TePla America, LLC

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**Request for Sample Analysis
Scanning Acoustic Microscopy (SAM)**

Customer Information	Company Name:
	Address:
	Contact Person:
	Telephone No:
	E-mail:
	Date:

Sample Information	Sample Type:	Quantity:

Sample Requirement	Any Special Handling Required? : Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, Please Attach Handling Instructions:
	With Data Sheet : Yes <input type="checkbox"/> No <input type="checkbox"/>

Shipping Info	Sample To Be Returned? : Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:
	Bill To:
	Ship To:
	Ship Via:
	UPS or Federal Express Acct #:

Method of Payment	Bill Me, PO Enclosed : Yes <input type="checkbox"/> No <input type="checkbox"/>
	Purchase Order #: (If this is a first time order with PVA TePla please enclose credit references.)
	Check Enclosed: Amount : Yes <input type="checkbox"/> No <input type="checkbox"/>
	C.O.D. : Yes <input type="checkbox"/> No <input type="checkbox"/>
	No Charge Per:
	FOB: (Shipping account information must be included for order to be processed.)
	Purchasing Contact:
Phone #:	
Email Address:	

Internal Remarks	Date Sample Received:	Date Sample Shipped:
	Working Time of Analysis:	Working Time for Report:
	Summary of Results:	
	Date Report Sent:	Reference/Sample ID:
	Customer Satisfied : Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Request(s) : Yes <input type="checkbox"/> No <input type="checkbox"/>
	Return Shipment Tracking #:	
	Other Remarks:	

** Additional sample sketches/illustration can be very helpful, feel free to attach any informative data or documentation.*