

# PT/CRM ORDER FORM



A Waters Company

[www.eraqc.com](http://www.eraqc.com)

Fill in BILL TO and SHIP TO information:

Waters ERA Customer #: \_\_\_\_\_  
 Bill to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Billing Email: \_\_\_\_\_

(shipping address is the same as billing address)  
 Ship to: \_\_\_\_\_  
 \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Ship to Email: \_\_\_\_\_

## Fill in Order Section:

Description	Proficiency Testing Standards				CRM Standards			
	Cat. #	Price	Qty.	Extended Price	Cat. #	Price	Qty.	Extended Price

Note: Shipping charges and a \$10 handling fee are prepaid and added to each invoice.

<b>PT Total</b>	\$	<b>CRM Total</b>	\$
<b>Total Order</b>		\$	

## Please indicate which month(s) you would like your study(ies) to ship:

Study	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
WS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS-Micro*	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIR	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>	
RAD	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
SOIL	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
MRAD			<input type="checkbox"/>						<input type="checkbox"/>			

\*WS Coliform MicrobE™ may be ordered with any monthly WS study or with an exclusive WS-Micro study.

YOU WILL BE BILLED ONLY WHEN YOUR STANDARDS SHIP

Ordered by: \_\_\_\_\_  
 Ordered by Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

We are pleased to accept credit cards. To place your secure order, please call our waters ERA customer service team at **800.372.0122** to provide your credit card information or visit **www.eraqc.com** to place your order.

Method of Payment \_\_\_\_\_  
 P.O. #: \_\_\_\_\_

CREDIT CARD:  VISA  MASTERCARD  AMEX  DISCOVER