PT/CRM ORDER FORM

ERA
A Waters Company

www.eraqc.com

Fill in BILL TO and SHIP TO information:

ERA Customer #:

Bill to:

Phone:

Fax:

☐ (shipping address is the same as billing address)

Ship to:

Attention:

Email Address:

Fill in Order Section:

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

Note: that shipping charges and a $10 handling fee are prepaid and added toeach invoice.

PT Total	$	CRM Total	$
Total Order	$		

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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
WS-Micro*	☐		☐		☐		☐		☐		☐	
WP	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
AIR	☐			☐			☐				☐	
RAD	☐			☐			☐			☐		
SOIL	☐			☐			☐			☐		
MRAD			☐						☐			

*WS Coliform MicrobE™ may be ordered with any monthly WS study or with an exclusive WS-Micro study. See page 33 for details.

COMPLETE ORDERING AND PAYMENT INFORMATION. YOU WILL BE BILLED ONLY WHEN YOUR STANDARDS SHIP:

Ordered by:

Ordered by Signature:

P.O.#

☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Card Number:

Expiration Date:

Cardholder Name:

Cardholder Signature:

Fax this Order Form to ERA at 303-421-0159. Questions? Call 800-372-0122.