

CUSTOM STANDARDS QUOTATION REQUEST FORM



To: **CUSTOMER EXPERIENCE**
Inorganic Ventures
300 Technology Drive | Christiansburg, VA 24073

Date: _____ (Prices guaranteed for 60 days.)

- 1 Scan or save this page.
- 2 Fill out the form.
- 3 Email to: **info@inorganicventures.com**
Fax to: **540.585.3012**

From: Name _____ Email _____
Company _____ Account No. _____
Address _____ Phone _____
Fax _____

Describe Your Blend:

ANALYTE	CONCENTRATION	ANALYTE	CONCENTRATION
1. _____	_____	19. _____	_____
2. _____	_____	20. _____	_____
3. _____	_____	21. _____	_____
4. _____	_____	22. _____	_____
5. _____	_____	23. _____	_____
6. _____	_____	24. _____	_____
7. _____	_____	25. _____	_____
8. _____	_____	26. _____	_____
9. _____	_____	27. _____	_____
10. _____	_____	28. _____	_____
11. _____	_____	29. _____	_____
12. _____	_____	30. _____	_____
13. _____	_____	31. _____	_____
14. _____	_____	32. _____	_____
15. _____	_____	33. _____	_____
16. _____	_____	34. _____	_____
17. _____	_____	35. _____	_____
18. _____	_____	36. _____	_____

UNITS:

[] µg/mL [] mg/L
[] µg/L [] ng/mL
[] µg/g [] ng/g
[] µg/Kg [] g/mL

VOLUME:

[] 30 mL
[] 125 mL
[] 250 mL
[] 500 mL
[] 1,000 mL
[] _____ L

QUANTITY:

MATRIX:

[] _____
[] Inorganic Ventures can specify.
[] I would like an additional quote for this requested blend as a second source.

SECOND SOURCE REQUIREMENTS:

[] I would like the final product with a different lot number.
[] Other (please specify.)

Specified Requirements: _____

Requested Delivery Date: _____

[] **RUSH MANUFACTURING.** An additional charge of \$50 per lot will be applied.