

CUSTOM STANDARDS
QUOTATION REQUEST FORM

To: Customer Service
Inorganic Ventures
300 Technology Drive
Christiansburg, VA 24073

Page ____ of ____

Date: _____ (Prices guaranteed for 60 days.)

- 1 Photocopy this page.
- 2 Fill out the form.
- 3 Fax to 540.585.3012.

From: Name _____
Company _____
Address _____

Email _____
Account No. _____
Phone _____
Fax _____

Describe Your Blend:

ANALYTE	CONCENTRATION	ANALYTE	CONCENTRATION
1.	_____	21.	_____
2.	_____	22.	_____
3.	_____	23.	_____
4.	_____	24.	_____
5.	_____	25.	_____
6.	_____	26.	_____
7.	_____	27.	_____
8.	_____	28.	_____
9.	_____	29.	_____
10.	_____	30.	_____
11.	_____	31.	_____
12.	_____	32.	_____
13.	_____	33.	_____
14.	_____	34.	_____
15.	_____	35.	_____
16.	_____	36.	_____
17.	_____	37.	_____
18.	_____	38.	_____
19.	_____	39.	_____
20.	_____	40.	_____

UNITS:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> µg/mL | <input type="checkbox"/> mg/L |
| <input type="checkbox"/> µg/L | <input type="checkbox"/> ng/mL |
| <input type="checkbox"/> µg/g | <input type="checkbox"/> ng/g |
| <input type="checkbox"/> µg/Kg | <input type="checkbox"/> g/mL |

VOLUME:

- | | |
|-----------------------------------|----------------|
| <input type="checkbox"/> 30 mL | _____ quantity |
| <input type="checkbox"/> 125 mL | _____ quantity |
| <input type="checkbox"/> 250 mL | _____ quantity |
| <input type="checkbox"/> 500 mL | _____ quantity |
| <input type="checkbox"/> 1,000 mL | _____ quantity |
| <input type="checkbox"/> _____ L | _____ quantity |

MATRIX:

- _____
 Inorganic Ventures can specify

Requested Delivery Date:*

Requested Shipment Date:*

**Rush manufacturing charges may apply.*

Specified Requirements: _____

You may also request quotations online:
inorganicventures.com