

Sam Engineering & Testing, L.P.

Serving The Geo-Industry Since 1974

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SITE VISIT/ENGINEERING RECOMMENDATIONS REQUEST FORM

****If this form is not filled out in its entirety and signed by the client, then it will be returned. SE&T will take no further action until the completed form is faxed to our office @ (972) 790-0967.****

Date: _____

Amount Agreed Upon: _____

Verbal Recommendations \$ _____

OR

Written Recommendations \$ _____

* SEE NOTES BELOW*

Client

(This is the person/company that will be paying for the report.) **NO P.O. Box address please.**

(Name/Company Name)

(Attention)

(Physical Address) **No P.O. Boxes**

email:

(Mailing Address)

()
(Telephone #)

(City, State, Zip)

()
(Fax #)

Site Address

Existing Residence, Building, Wall, Pool, Addition, etc: Please write this on the above line.

(Street, Lot #, Block # & Subdivision Name)

(City, and/or County)

Notes: 1. If there is a plan or any other information on the location of the site please fax it along with this form.

2. For written recommendations please fax a copy of ALL available data regarding the subject site with this form.

Are you a first time client ? (Yes) (No). If No, please state the date your last report was done. _____

DISCLAIMER: IF YOU ARE A FIRST-TIME CLIENT, SITE VISIT W/ VERBAL RECOMMENDATIONS MUST BE PAID FOR AT THE TIME OF THE SITE VISIT FOR WRITTEN REPORTS PAYMENT MUST BE RECEIVED BEFORE THE REPORT WILL BE RELEASED. REPEAT CLIENTS WILL BE BILLED WITH THE TERMS OF NET 30 DAYS.

I, _____ of _____ give authorization to
(Printed Name) (Title) (Company Name)

SAM Engineering and Testing, L.P. to perform Site Visit/Engineering Recommendations for the above project. As the client, I understand the payment terms and I assume responsibility for payment on all invoices for work performed on this project.

Signature (MUST BE AN ACUTAL SIGNATURE NOT TYPED)