

# Sam Engineering & Testing, L.P.

Serving The Geo-Industry Since 1974

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## CONCRETE/MATERIAL TESTING 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: \_\_\_\_\_

Project Name: \_\_\_\_\_

(Example: Proposed Development, Pavement, Building, etc.)

\_\_\_\_\_  
(Street name & # or location)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Site contact name)

\_\_\_\_\_  
(Site contact telephone #)

### Client

(This is the person/company that will be responsible for all invoices on this project.) No P.O. Box Address Please

\_\_\_\_\_  
(Name/Company Name)

\_\_\_\_\_  
(Attention)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Fax #)

\_\_\_\_\_  
(A/P Contact Name & Telephone #)

### Distribution

These are people/companies other than the client who need to receive copies of the report(s). **No invoices will be sent to these people/companies.** SAM Engineering and Testing (SE&T) will distribute copies of each report to three additional people/companies at no charge. If the client is the only person/company receiving the report(s), two copies of the report will be sent to the client.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Attention)

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(Telephone #)

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(Fax #)

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(Fax #)

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(Fax #)

**NOTE: IF YOU ARE A FIRST TIME CLIENT, REPORTS MUST BE PICKED UP FROM SE&T & PAID FOR AT THAT TIME. ALL OTHER REPORTS WILL BE BILLED WITH THE TERMS OF NET 30 DAYS. SHOULD THERE BE ANY CHANGE IN THE ABOVE INFORMATION PLEASE CONTACT SE&T IMMEDIATELY AS TO AVOID ANY CONFUSION IN BILLING OR REPORT DISTRIBUTION.**

I, \_\_\_\_\_ of \_\_\_\_\_ give authorization  
(Printed Name) (Title) (Company name)

to SAM Engineering and Testing, L.P. to perform concrete/material testing for the above project. As the client, I understand that the payment term is NET 30 days and I assume responsibility for payment on all invoices for work performed on this project.

\_\_\_\_\_  
(Client Signature)