

Microbiology (MB) Program Participation Form

Where participation is as easy as 1, 2, 3...

① FILL IN YOUR INFORMATION BELOW

SHIP TO:				BILL TO:			
Contact Name:				Contact Name:			
Organization:				Organization:			
Address:				Address:			
City:	State:	Zip:		City:	State:	Zip:	
Phone #:		Fax #:		email:			
asi client # :		NPDES Permittee #:		US EPA Lab Code:		State Code:	

② FILL IN THE ORDER SELECTION

WP Sample Description	BenchMark Proficiency Testing Standards				On Target InstaCheck Standards				PT NOW Quick Response Standards			
	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total
Total/Fecal Coliform Presence/Absence	WP0200	\$80			OP1000	\$80			NP1000	\$96		
Total/Fecal Coliform Colony Count	WP0300	\$80			OP0300	\$80			NP0300	\$96		
Enterococci Colony Count	WP0500	\$80			OP0500	\$80			NP1900	\$96		

WS Sample Description	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total
Total/Fecal Coliform Presence/Absence (Set of ten)	WS0400	\$130			OS0400	\$130			NP0400	\$156		
Heterotrophic Plate Count	WS0600	\$80			OS0600	\$80			NP0600	\$96		

<i>NOTE: shipping charges are added to each invoice</i>	BenchMark Totals	\$	On Target Totals	\$	PT Now Totals	\$
* All Set Prices Include a 5% Discount			TOTAL ORDER			\$
Choose You Months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec						

③ FILL IN THE PAYMENT INFORMATION

ORDERED BY (Print): <hr/> Signature: <hr/> You can pay by either purchase order or credit card <div style="border: 1px solid black; padding: 2px; width: 100%;">Purchase Order #</div>	Select Card Type: <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <hr/> Card Number: <hr/> Expiration Date: <hr/> Cardholder Name: <hr/>
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**** Please complete this form and fax it to asi at (304) 422-4761****

