

Water Pollution [WP] Organic 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

	Benchmark Proficiency Testing Standards				On Target InstaCheck Standards				PT NOW Quick Response Standards			
Description	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total
Diesel Range Organics (DRO)	WP6100	\$65			OP6100	\$65			NP6100	\$78		
Gasoline Range Organics (GRO)	WP6200	\$65			OP6200	\$65			NP6200	\$78		
Total Petroleum Hydrocarbons	WP6300	\$65			OP6300	\$65			NP6300	\$78		
Aromatic Volatiles [BTEX + MTBE]	WP6500	\$65			OP6500	\$65			NP6500	\$78		
Organochlorine Pesticides	WP7000	\$65			OP7000	\$65			NP7000	\$78		
Pesticides II [Chlordane]	WP7100	\$50			OP7100	\$50			NP7100	\$60		
Pesticides III [Toxaphene]	WP7200	\$50			OP7200	\$50			NP7200	\$60		
PCBs	WP7500	\$65			OP7500	\$65			NP7500	\$78		
PCBs in oil	WP7700	\$65			OP7700	\$65			NP7700	\$78		
Polynuclear Aromatic Hydrocarbons	WP8000	\$65			OP8000	\$65			NP8000	\$78		
Nitroaromatic/Nirtoamines	WP8200	\$65			OP8200	\$65			NP8200	\$78		
Chlorinated Herbicides	WP8500	\$65			OP8500	\$65			NP8500	\$78		
Volatile Organics [VOA]	WP9000	\$70			OP9000	\$70			NP2600	\$84		
Semi-volatile Organics [BNA]	WP9500	\$120			OP9500	\$120			NP9500	\$144		
COMPLETE WP ORGANIC SET*	WP0003	\$893			OP0003	\$893			NP0003	\$1072		
COMPLETE WP SET@ (Inorganics & Organics)	WP0001	\$1746			OP0001	\$1746			NP0001	\$2095		
STATE SPECIFIC STANDARDS												
Hexane Extractable Material [Method 1664]	WP1800	\$50			OP1800	\$50			NP1800	\$60		
<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 @ Complete Set Price Includes a 10% Discount.				TOTAL ORDER				\$				

Choose You Months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

③ FILL IN THE PAYMENT INFORMATION

ORDERED BY (Print): _____

Signature: _____

You can pay by either purchase order or credit card

Purchase Order # _____

Select Card Type: American Express Master Card Visa

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

** Please complete this form and fax it to asi at (304) 422-4761**