Water Supply (WS) Program Inorganic 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:	

②FILL IN THE ORDER SELECTION

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
Trace Metals I	WS1000	$40			OS1000	$40			NS1000	$48		
Trace Metals II	WS1500	$40			OS1500	$40			NS1500	$48		
Silica	WS1900	$50			OS1900	$50			NS1900	$60		
Corrosivity	WS2000	$50			OS2000	$50			NS2000	$60		
Residual Chlorine	WS2100	$35			OS2100	$35			NS2100	$42		
Cyanide	WS2300	$35			OS2300	$35			NS2300	$42		
Hexavalent Chromium [Cr^{6+}]	WS2500	$45			OS2500	$45			NS2500	$54		
MBAS, anionic surfactants	WS2600	$55			OS2600	$55			NS2600	$66		
Turbidity	WS2900	$40			OS2900	$40			NS2900	$48		
Total Organic Carbon [TOC]	WS3000	$35			OS3000	$35			NS3000	$42		
IDBP: Bromate and Bromide	WS3500	$45			OS3500	$45			NS3500	$54		
IDBP: Chlorate and Chlorite	WS3550	$45			OS3550	$45			NS3550	$54		
Perchlorate	WS3600	$50			OS3600	$50			NS3600	$60		
UV254/DOC	WS3800	$50			OS3800	$50			NS3800	$60		
Nutrients	WS4000	$45			OS4000	$45			NS4000	$54		
Minerals	WS5000	$35			OS5000	$35			NS5000	$42		
Hardness	WS5200	$35			OS5200	$35			NS5200	$42		
pH	WS5500	$35			OS5500	$35			NS5500	$42		
Solids	WS5600	$35			OS5600	$35			NS5600	$42		
COMPLETE INORGANIC SET*	WS0002	$760			OS0002	$760			NS0002	$912		

NOTE: shipping charges are added to each invoice

BenchMark Totals	$	**On Target Totals**	$	**PT Now Totals**	$

* All Set Prices Include a 5% Discount

TOTAL ORDER	$

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

③FILL IN THE PAYMENT INFORMATION

ORDERED BY (Print):	Select Card Type:	☐ American Express	☐ Master Card	☐ Visa
Signature:	Card Number:			
You can pay by either purchase order or credit card	Expiration Date:			
Purchase Order #	Cardholder Name:			

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