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### FUEL SAMPLE SUBMISSION FORM

Company Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:	e-mail results	Fax Results

Send Invoice To (if different from above):

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

Send Additional Copies of Analysis Report To:

Contact Name:	e-mail:
Contact Name:	e-mail:

Sample Number	Sample Date	# of Containers/Sample	Product	Test(s) Required

Notes:
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Date Shipped
Shipped By: _____ Signature: _____

Date Received:	Received By:
PBTech ID#	PBTech ID#
PBTech ID#:	PBTech ID#
PBTech ID#:	PBTech ID#