**ORDER FORM LABORATORY (NON-PARTICIPANTS)**

The client hereby declares to agree to have TCKI investigate the number of samples supplied by the client and investigations indicated by him / her. The client also declares to agree to pay the associated costs to TCKI within 30 days after receipt of the invoice.

Applicable to all our activities are our ‘General Terms and Conditions for non-participants’, which have been deposited with the Chamber of Commerce in Arnhem, with the exception of any purchase conditions used by the client. You can download a copy of the conditions to be applied by TCKI from our website www.tcki.nl.

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| --- |
| **Details of sample / materials to be supplied** |
| Collective or invoice indication : |  |
|  |  |
| Number / description of samples supplied : |  |
|  |  |
| Description of research (s) : |  |
|  |  |
|  |  |

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| --- |
| **Client information (this also includes invoicing details)** |
| Name of firm/client | : |  |
|  |  |  |
| Invoicing address | : |  |
| Postal code City | : |  |
| Country | : |  |
|  |  |  |
| CoC number | : |  |
|  |  |  |
| VAT number | : |  |
|  |  |  |
| Your order number | : |  |
|  |  |  |
| Your contact person | : |  |
|  |  |  |
| Contact person’s telephone number | : |  |
|  |  |  |
| Contact person’s E-mail | : |  |
|  |  |  |
| Report | : |  󠇯󠇯 E-mail 󠇯 󠇯 or 󠇯 post |
|  |  |  |
| E-mail address | : |  |
|  |  |  |
| Invoicing | : |  󠇯󠇯 E-mail 󠇯 󠇯 or 󠇯 post |
|  |  |  |
| E-mail address | : |  |
|  |  |  |
| Name of client | : |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed in | : |  | Date | : |  |
|  |  |  |  |  |  |
| Signature 1) | : |  |  |

1) Signature of a duly authorised signatory of the firm to which the invoice is sent.