

# ASBESTOS TEST KIT PAYMENT FORM

PAYMENT FORM MUST BE RETURNED TO **PRO-LAB®** IN ORDER TO PROCESS YOUR SAMPLE(S).  
**COMPLETE INFORMATION REQUIRED**

Online Registration #:

Name:

Test Address:

City:

State:  Zip:

Sample Location:

Date Sample Collected:  /  /

## EMAIL ADDRESS REQUIRED FOR RESULTS

Email:

## TEST LOCATION AND PAYMENT FORM (MUST BE COMPLETED)

- |  |   |
|--|---|
| <input type="checkbox"/> Ceiling Tile (1 layer): \$40.00   | <input type="checkbox"/> Popcorn Ceiling (1 layer): \$40.00 |
| <input type="checkbox"/> Insulation (1 layer): \$40.00     | <input type="checkbox"/> Roofing Sheet (2 layers): \$80.00  |
| <input type="checkbox"/> Joint Compound (1 layer): \$40.00 | <input type="checkbox"/> Floor Tile (2 layers): \$80.00     |
| <input type="checkbox"/> Plaster (1 layer): \$40.00        | <input type="checkbox"/> Wall Board (2 layers): \$80.00     |

EXPRESS LAB RESULTS (\$20 per layer) \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

MAKE CHECKS PAYABLE TO **PRO-LAB®**  CHECK #   MONEY ORDER  
CREDIT CARD:  Visa  Mastercard  Discover  AMEX

Credit Card #:

Exp. Date  
 /

Credit Card Security Code (3 or 4 digits):

Phone:  -  -

Name on Card:

Street Address:  Zip:

City:  State / Province:

Signature: \_\_\_\_\_

Date:  /  /

By submitting your sample to **PRO-LAB®** for analysis, you authorize **PRO-LAB®** and/or its affiliate representatives to contact you regarding your results.

**For questions or more information go to [prolabinc.com](http://prolabinc.com) or call (954) 384-4446**  
**PRO-LAB® • 1675 N. COMMERCE PARKWAY • WESTON • FL 33326**

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