



ORDER NO.<sup>1</sup> .....

F- 8.2-1/6A

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**TO BE COMPLETED BY THE CUSTOMER**

**ORDER FOR:**

QUOTE NO.: .....  AGREEMENT NO: .....  PRICE LIST POSITION

**A. Customer Information**

**B. Contact person**

Name:.....

Full name:.....

Address:.....

Position: .....

NIP (Tax ID): .....

Phone no:.....

Additional details for the KSEF invoice in accordance with the client's internal requirements: .....

E-mail:.....

**C. Order description of the subject**

Note: If require a larger number of samples, the following information can be provided in an attachment to the order.

Details of the sample(s) (Name of the sample, serial number/ sample ID)

Sample quantity

Test order/notes regarding measurement and sample

**D. Other<sup>2</sup>**

- The sample(s) must be returned to the Customer<sup>3</sup>     After the tests, the sample(s) must be removed
- Hazardous sample(s)     The required storage temperature: .....

