

CUSTOM STANDARDS
QUOTATION REQUEST FORM

To: Customer Service
Inorganic Ventures
300 Technology Drive
Christiansburg, VA 24073

Page ____ of ____

- 1 Photocopy this page.
- 2 Fill out the form.
- 3 Fax to 540.585.3012.

Date: _____ (Prices guaranteed for 60 days.)

From: Name _____
Company _____
Address _____

Email _____
Account No. _____
Phone _____
Fax _____

Describe Your Blend:

ANALYTE	CONCENTRATION	ANALYTE	CONCENTRATION
1.	_____	21.	_____
2.	_____	22.	_____
3.	_____	23.	_____
4.	_____	24.	_____
5.	_____	25.	_____
6.	_____	26.	_____
7.	_____	27.	_____
8.	_____	28.	_____
9.	_____	29.	_____
10.	_____	30.	_____
11.	_____	31.	_____
12.	_____	32.	_____
13.	_____	33.	_____
14.	_____	34.	_____
15.	_____	35.	_____
16.	_____	36.	_____
17.	_____	37.	_____
18.	_____	38.	_____
19.	_____	39.	_____
20.	_____	40.	_____

UNITS:

- µg/mL mg/L
- µg/L ng/mL
- µg/g ng/g
- µg/Kg g/mL

VOLUME:

- 30 mL quantity
- 125 mL quantity
- 250 mL quantity
- 500 mL quantity
- 1,000 mL quantity
- _____ L quantity

MATRIX:

- _____
- Inorganic Ventures can specify

Requested Delivery Date: _____

Specified Requirements: _____

- RUSH Manufacturing**
Additional charges may apply.

You may also request quotations online:
inorganicventures.com