



## Asbestos Analysts Testing 2018 Retest Order Form

To order Retest Samples for the Asbestos Analysts Testing program, complete and return this form with your payment. All orders must be prepaid. One set is suitable for analysis by up to five counters.

Round Number	Order Due Date	# of Sets	Price Per Set	Subtotal
125	May 8, 2018		\$545.00	
126	August 7, 2018		\$545.00	
127	November 7, 2018		\$545.00	
128	February 7, 2018		\$545.00	

VA residents add 6% sales tax.

<b>TOTAL</b>	\$
--------------	----

**Are you currently an AIHA Registry, AIHA-LAP, LLC, or AIHA PAT, LLC program participant?**

No     Yes **IF YES, Organization ID:** \_\_\_\_\_

**Ship Retest Samples To:**

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Payment Method**

- Check: Enclose check for full amount due made payable to AIHA Registry Programs
- Purchase Order: PO# \_\_\_\_\_
- Credit Card: Additionally submit Credit Card Charge Authorization Form (page )

**Email** your completed form to [Registries@aiha.org](mailto:Registries@aiha.org)

**Fax** your completed form to +1 703.207.8558

**Mail** your completed form and payment to the address below.

**Questions?**

Call or email AIHA Registry Programs at +1 703.846.0755 or [Registries@aiha.org](mailto:Registries@aiha.org)



## 2018 Credit Card Charge Authorization Form

### Company Information

Organization Name:	
Organization ID Number:	
Invoice Number (if known):	
Amount to be charged:	

### Credit Card Info

Type of Credit Card  VISA  MasterCard  American Express

Account Number:		
Expiration Date:	Code #:	
Cardholder's Name:		
Cardholder's Signature:		

- + This form may be **faxed or mailed**.
- + **Do not email this form.** For your security, this form will not be processed if sent by email. This could cause delays in your participation. Emailed credit card information will be deleted immediately.
- + Make sure to **reference your Organization ID Number** when submitting the credit card charge authorization form to ensure that payment is posted to the correct account.