Order

Sample type
☐ compost
☐ digistat
☐ organic waste
☐

Complete by lab		
Offer Nr.		
Sample acceptance	Date	
	☐ proper	☐ not proper
Lab code		

Auftraggeber

Company	
Person	
Street	
Post code/ Place	
Phone-Nr.	
Fax-Nr.	
E-Mail	
VAT_ID	

Invoice to (if not the client)	
Copy of test report to:	
Name	
Fax-Nr.	
E-Mail	

Sample

Name of the sample	
Origin	

Sampling date	
Sample taker	

Scope of analysis

Hereby I place the order to carry out the marked examinations to PLANCO-TEC GmbH.

☐ Please send the newsletter of PLANCO-TEC to me. This can be canceled at any time.

☐ Please send a declaration of conformity.

Place/Date

Signatur Client

Signatur sample taker