



Please check one:	
Quotation _____	Order _____

Custom Quotation/Order for Passive Samplers

Please complete each numbered section on this specification form and send to your SKC representative:

<i>SKC Inc.</i> Tel: 800-752-8472 Fax: 800-752-8476	<i>SKC Gulf Coast</i> Tel: 800-225-1309 Fax: 800-752-4853	<i>SKC South</i> Tel: 800-752-7684 Fax: 800-752-7329	<i>SKC West</i> Tel: 800-752-9378 Fax: 800-752-1127	<i>SKC Limited</i> Tel: (01258) 480188 Fax: (01258) 450968	<i>SKC South Africa</i> Tel: 11 913 2666 Fax: 11 913 2675
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1. Type of Order: (Please check one)

- New order for custom passive samplers**
- Repeat order** (Previous SKC CPM # _____)

2. Passive Sampler type: _____ SKC 575 Series _____ SKC UME^X Series _____ SKC 690 Series
 _____ other

3. Sorbent type: _____

4. Sorbent preparation or treatment: _____

Note: Any sorbent supplied by customer must be accompanied by a MSDS sheet.

5. Purchasing Terms and Authorization:

Terms: Purchase orders for custom passive samplers must be accompanied by this form. Purchase orders may not be changed or cancelled after they are received by SKC Inc. **Custom order passive samplers are not returnable.** See the SKC Limited Warranty and Return Policy at <http://www.skcinc.com/warranty.asp>.

SKC reserves the right to cancel this order if it is determined that SKC cannot produce a quality sampler according to the specifications provided.

Authorization: The signature of the undersigned confirms that the specifications supplied on form # 9563, Revision 1111 are correct and agrees to the custom order terms.

Name (please print or type) _____

Signature _____ Date _____

Company Name _____

Contact Telephone Number _____ Fax: _____