



H.M. Pitt Labs, Inc.

Analytical • Environmental • Industrial Hygiene • Chemistry

WORK ORDER # _____

LAB ORDER # _____

CONTRACT FOR SERVICES

COMPANY/CUSTOMER: _____ Date: _____

JOB ADDRESS: _____

CONTACT: _____ PHONE: _____

FAX: _____ E-MAIL: _____

# _____	On-site Trip Charge	@ \$ _____ each = \$ _____
# _____	Mold Allergenco -D Cassettes	@ 75.00 each = \$ _____
# _____	Mold Tape Samples	@ \$ 50.00 each = \$ _____
# _____	Mold Remediation Plan	@ \$150.00 each = \$ _____
# _____	Mold Investigation Report	@ \$ 75.00 each = \$ _____
# _____	Mold Consultation	@ \$250.00 each = \$ _____
# _____	Calcium Chloride Testing	@ \$150.00 each = \$ _____
# _____	Asbestos Air Cassettes	@ \$ 20.00 each = \$ _____
# _____	Asbestos Bulk Sample	@ \$ 20.00 each = \$ _____
# _____	Lead Air Cassette	@ \$ 20.00 each = \$ _____
# _____	Lead Bulk Sample	@ \$ 20.00 each = \$ _____
# _____	Abatement Plan	@ \$350.00 each = \$ _____
# _____	Other _____	@ \$ _____ each = \$ _____

TOTAL AMOUNT = \$ _____

Print Name: _____

Signature: _____ Date: _____

PAYMENT METHOD

Check # _____ Amount: _____

MC/VISA Acct # _____

CC Billing Address: _____

Expiration: _____ Customer Code: _____ ZIP CODE: _____

Signature: _____ Date: _____

NOTE: For those jobs that payment is NOT collected at the time of service, a lien will be placed on the property until paid in full.