





A Waters Company

# Stationary Source Audit Sample Order

Complete this form in its entirety. Visit the [TNI website](#) to get or confirm your SSAS ID (Valid Value/TNI Code).

Order Placed By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Select where the samples are to be shipped:

Notes: \_\_\_\_\_

Tester  Facility

In accordance with Section 5.1 of the General Requirements for Participation in the TNI SSAS program restricting subcontracting of the analysis of the audit sample, if you choose to send your samples to a laboratory different than that specified when the order is placed, Waters ERA will not be able to provide an evaluation of the results. Therefore, Waters ERA must be notified in writing of changes to tester, laboratory, or facility prior to the agreed ship date of the audit sample(s).

**By submitting this order, I authorize Waters ERA to release all reports, updates, and notifications pertaining to this project to the Facility, Tester, Laboratory, and Regulatory Agency listed below, as well as ERA's accrediting body and the TNI SSAS Expert Committee.**

### Tester Shipping Address

### Facility Physical Address

Tester SSAS ID:

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Phone: (     )     -

Phone: (     )     -

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

INTERNAL USE ONLY Tester SSAS Acct #:

INTERNAL USE ONLY Facility SSAS Acct #:

### Laboratory Information

### Regulatory Agency

Lab SSAS ID:

Regulator SSAS ID:

Laboratory Name: \_\_\_\_\_

Regulatory Agency: \_\_\_\_\_

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

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

Phone: (     )     -

Phone: (     )     -

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

INTERNAL USE ONLY Laboratory SSAS Acct #:

INTERNAL USE ONLY Agency Acct #:

### Billing Address

### Payment Information/Terms

Complete this section only if billing address differs from address above.

Reference or P.O. #: \_\_\_\_\_

Tester  Facility

Credit Card  Net 30\*  Prepay

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

\*Net 30 terms are subject to credit approval.

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

We are pleased to accept credit cards. To place your secure order, please call our Waters ERA Customer Service team at **800.372.0122** to provide your credit card information.

Phone: (     )     -

Email: \_\_\_\_\_

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

P.O. or CC subject to change. Call before billing. (For subscription orders only)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rev: 01/2019