

**SERVICES REQUEST FORM**

X-ray Wizards, llc

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Please print, complete this form and submit with samples.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Company |  | Dept. |  |
| Street Address |  | City |  |
| State |  | Zip Code |  |
| Country |  | Phone |  |
| Email |  |  |  |

Type of Samples (e.g. film stack, polymer, soil):

|  |
| --- |
| Click here to enter text. |

Number of Samples: Click here to enter text.

Primary Application(s) - *Please check the appropriate box (es)*

☐Phase Identification ☐Quantitative Analysis ☐Texture ☐ Stress

 ☐Percent Crystallinity ☐Crystallite Size ☐Indexing ☐SAX ☐XRR

 Purpose of analysis (what is your primary interest):

|  |
| --- |
| Click here to enter text. |

 Please check one of the following options:

☐Dispose of samples after analysis

☐Retain samples for one month after analysis then dispose

☐Return samples immediately after analysis

 Do you desire Rush Analysis? Next in queue: typically 24 to 48 hours turnaround after receipt of samples is available (75% surcharge applies): ☐Yes ☐No

 Payment option - *Please check the appropriate box:*

☐Purchase order included with sample shipment

☐Please charge credit card (billing dept will contact you)

☐Payment arrangement will be made at a later date (our billing dept will contact you)