

Order for GBA Food

(Please, fill out and add to your sample delivery.)

Date:

Location:

- Hamburg Stuttgart
 Hameln

Your **Contact** at GBA (if known):

Quotation number (if known):

Address of Client:

Company:
Contact Person:
Street, No.:
Zipcode, City:
Country:
VAT:
Phone:
eMail:

Invoice Recipient (if known):

Company:
Contact Person:
Street, No.:
Zipcode, City:
Country:
VAT:
Phone:
eMail:

Submitter / Sampler (if different):

Company:
Contact Person:
Street, No.:
Zipcode, City:
Country:
VAT:
Phone:
eMail:

Report Recipient (if different):

Company:
Contact Person:
Street, No.:
Zipcode, City:
Country:
VAT:
Phone:
eMail:

Results and Invoice:

PDF in eMail (standard)

Additional:

Date/Firm stamp/Signature purchaser

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GBA-Order from of Company

Sample- No. (Serial No.)	Sample Identification	Matrix	Scope of Analysis	Standard	Express fee*
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* with express surcharge