	71	7100 Fort Dent Wa			Drinking Water Chain Of Custody Fo											Foi	rm							
ر (رگر)) +		#100 Tukwila, WA 98188			Date:								age: of:				Laboratory Project No (internal):							
425-440-8787 5 Microns Inc.					Project Name:											Special Remarks:								
Client:				Proje	ct No:																			
Address:					Collected by:																			
City, State, Zip:					Location of Sample:																			
Telephone:					Report To (PM):										Sample Disposal: Return to client Disposal by lab (after 30 days)									
Email:						PM Email:																		
	Sample	Sample	Sample Type	•		818 G		A Solite S	10 m			10 10 10 10 10 10 10 10 10 10 10 10 10 1		Sur	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	10 10 10 10 10 10 10 10 10 10 10 10 10 1	* 801							
Sample Name	Date	Time	(Matrix)*	1/1/2	\@\ 	\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\(\alpha_{\text{c}^2}\)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$\\\ \d	\$\forall c		%	1	,e	\ \ \ \ \		<u>"</u>	\leq	_	\angle			Comments	
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*Matrix: A = Air, AQ = Aqueous, B = Bulk, O **Metals (Circle): MTCA-5 RCRA-8 I	Priority Pollutan																				-			•
Metals (Circle): MTCA-5 RCRA-8 Priority Pollutants TAL Individual: Ag Al As B *Anions (Circle): Nitrate Nitrite Chloride Sulfate Bromide O-Phospha									Ba Be Ca Cd Co Cr Cu Fe Hg K Mg Mn Mo Na Ni Pb Sb Se Sr Sn Ti Tl U V Zn ste Fluoride Nitrate+Nitrite												Standard			
and the second s												3 Day												
	- · /=:																						2 Day	
Relinquished Date/Time X 5 Microns Inc.							Received Date/Time x											Next Day						
Relinquished Date/Time							Received Date/Time											_						
x						x										Same Day (specif	fy)							

*PLEASE NOTE FOR ALL DROP-OFFS: All samples must be dropped off at the back of the office building located at 7100 Fort Dent Way Tukwila WA outside the Tabor 100 Office and placed inside the black dropbox pictured below. Do not take your samples to the front desk. The front desk will not accept drop-offs over the counter, NO EXCEPTIONS!



Payment: We accept all major credit cards. No checks please. Your report will be forwarded to you via email after payment is received. Once your information is ready, we will send you an email with a payment link.



Credit Card Charge Authorization Form

5Microns Inc.

7100 Fort Dent Way Ste. 100 Seattle, WA 98188

425-440-8787

invoice@5microns.tech

Name on Custom	er's Card			
Credit Card Num	ber			
Credit Card Type	Visa	MasterCard	Discover	
Expiration Date _		CCV #		
Billing Address _				
-				
Mailing Address	(if different than bi	illing address)		
-				
-				
The esti	mated total month	ly usage for services/good	ds that the undersigned	l cust
will be utilizing i	s \$	•		

The undersigned customer agrees that he/she may choose to pay 5 Microns Inc. by check or credit card; however, the undersigned understands that 5 Microns Inc. requires this credit card authorization to be on file with 5 Microns Inc.

The undersigned customer hereby authorizes 5 Microns Inc. to charge said credit card the amount due from customer to 5 Microns Inc. if any payment to 5 Microns Inc. is delayed by more than 5 days from net invoice due date, whether the result of a failure or refusal to timely pay such charge or the return of a check for insufficient funds.



Being the authorized cardholder, the undersigned customer agrees to the terms set forth in this agreement and specifically authorizes 5 Microns Inc. to charge my credit card, for the services/goods provided by 5 Microns Inc. I understand that 5 Microns Inc. will provide me with an itemized monthly invoice detailing all of my charges. I further agree that in the event my credit card becomes invalid, I will immediately provide 5 Microns Inc. with a new duly executed Credit Card Charge Authorization Form upon request, to be charged for the payment of any outstanding balance owed to 5 Microns Inc. I agree that I will not dispute any legitimate charges processed by 5 Microns Inc.

This au	thorization will remain in full f	orce and effect until terminated, in writing	չ, b
ndersigned		(Name on Card).	
Witnes	s my signature this	(date).	
Name (& Signature of Authorized Cus	tomer & Cardholder	