



5 MICRONS INC. 425-440-8787
 clientservices@5microns.tech
 www.5microns.tech

GENERAL CHAIN OF CUSTODY FORM

PROJECT NUMBER _____

| | | |
|-----------------|----------------|------------------------------------|
| CLIENT NAME:* | SITE ADDRESS:* | RELINQUISHED BY: |
| ADDRESS:* | | DATE/TIME: |
| | | |
| TELEPHONE:* | INSPECTOR: | RECEIVED BY: |
| Email address:* | DATE SAMPLED:* | DATE/TIME: |
| CELLULAR:* | | Select: 24 hr _____ 2-3 days _____ |

| SAMPLE NO | LAB NO | MATERIAL DESCRIPTION* | MATERIAL ID | LAYER AND SUBSTRATE | EACH LOCATION OF MATERIAL | QTY. | TREAT | % | TYPE | OTHER FIBERS |
|-----------|--------|-----------------------|-------------|---------------------|---------------------------|------|-------|---|------|--------------|
| * | | * | | | | | | | | |
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Note: Sections with * are the only required fields. 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. You must still fill out the credit card authorization form, it is only used as a backup payment method.

DIRECTIONS—MUST READ FIRST:

- Wear disposable latex gloves
- Carefully cut about 3 square inches of the suspected material
- Place in a container or clear plastic bag and then tightly close
- Label the bag or container with the date, time, and name of the material
- Download our chain of custody form and complete all the sections with an asterisk
- Place the chain of custody form in the sample bag in and in the package
- Mail us the package but DO NOT USE FIRST CLASS MAIL (see below)
- Wipe all tools used to collect samples
- Where do I mail my material sample?

All samples must be mailed or delivered to the following address *at Tabor 100 co-working offices:

5 Microns Inc.

7100 Fort Dent Way #100

Tukwilla, WA 98188

IMPORTANT-MUST READ FIRST: All mail-in samples must have a tracking number and include our asbestos chain of custody form to be processed. If the chain of custody form is missing, your sample(s) will not be accepted and processed. Drop-offs **MUST** have the COC form inside your package but not in the sample bag. **DO NOT MAIL YOUR SAMPLES BY FIRST CLASS MAIL.** Send your sample(s) via USPS Priority Mail, UPS, and FedEx. It is essential to closely follow these directions so our asbestos testing lab can promptly process your sample(s).

***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!**





Credit Card Charge Authorization Form

5Microns Inc.

7100 Fort Dent Way Ste. 100 Seattle, WA 98188

425-440-8787

invoice@5microns.tech

Name on Customer's Card _____

Credit Card Number _____

Credit Card Type _____ Visa _____ MasterCard _____ Discover

Expiration Date _____ CCV # _____

Billing Address _____

Mailing Address (if different than billing address)

The estimated total monthly usage for services/goods that the undersigned customer will be utilizing is \$_____.

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 authorization will remain in full force and effect until terminated, in writing, by the undersigned _____ (*Name on Card*).

Witness my signature this _____ (*date*).

Name & Signature of Authorized Customer & Cardholder