



# UMPQUA Testing Service, LLC

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<http://UmpquaTesting.com>

CCB No. 188384

## SERVICE ORDER REQUEST

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

Person Placing Order: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

### BILLING INFORMATION

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

email: \_\_\_\_\_

**BASIC SERVICES.** UMPQUA Testing Service, LLC (UTS) will perform Materials Testing Services that are requested by CLIENT. All work to be done as per plans and specifications supplied by CLIENT. UTS shall log all time for work performed on a daily record and obtain a signature by the CLIENT'S Project Manager (if available). **CLIENT agrees to pay UTS on a "Time and Materials" basis in accordance with UTS's Price List and General Terms and Conditions in effect at the time service is rendered.** Visit our website at [www.UmpquaTesting.com](http://www.UmpquaTesting.com) for our current Price List.

### DESCRIPTION OF WORK REQUESTED BY CLIENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Signature: \_\_\_\_\_

Agreement to Pay

Date: \_\_\_\_\_

UTS Signature: \_\_\_\_\_

Acceptance of Client Request

Date: \_\_\_\_\_