

APPLIED CONSUMER SERVICES, INC.

11890 NW 87th Court, Unit 8, Hialeah Gardens, FL 33018

Phone: (305) 821-1677 Fax: (305) 821-0155 Website: appliedconsumer.com

SUBMISSION FORM

<i>Contact Name(s):</i>		
<i>Company Name:</i>		
<i>Street Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip code:</i>
<i>Phone(s):</i>	<i>Fax:</i>	
<i>E-mail:</i>		
<i>How did you find us?</i>		
<i>Sample(s) description:</i>		
<i>Product Sampled by:</i>		<i>When:</i>
<i>Concentration (as expected):</i>		
<i>Lot (Batch) Number(s):</i>		
<i>Expiration Date:</i>		
<i>Analysis/Test (Planned):</i>		
Is cGMP Compliance Required? (extra charge may apply): YES () NO ()*		
<i>Storage Condition:</i>	Ambient ()	Refrigerator () Freezer ()
<i>Samples Disposition**:</i>	Discard ()	Return/Extra charge () Store/Extra charge ()
<i>Contract:</i>	<i>Non-Disclosure Agreement:</i>	
<i>Status of the Project:</i>	Legal ()	Deformulation/Reformulation*** () MCB/Sterility ()
Failure/Forensic ()	Nutrition ()	Shelf Life/Stability () QC () Other ()
<i>Turnaround Time (Planned)****:</i>	48-72 hr ()	5-7 days () 10-15 days () 3-5 weeks ()
<i>Report:</i>	Verbal () Faxed () Mailed ()	Picked up () E-mailed ()
<i>Invoice:</i>	Original () Faxed ()	Not needed () E-mailed ()
<i>Laboratory Fee:</i>	Retainer:	Total:
<i>Paid:</i>	Check No.: ()	Bank Deposit/Wire: () Cash: ()
I accept the Conditions and Term for This Project:		
<i>Signed:</i>	<i>Date:</i>	
<i>Print Name:</i>		

* If No is checked, your signature certifies that the results will not be used to support marketing of any drug products.

** Will be discarded after 30 days (Additional charge may apply if hazardous).

*** Deformulation/ Formulation/ Research service is on a "best effort" basis. We offer no guarantee or refunds on work performed.

**** Expedite fee will apply for Rush service.