

Invoicing/Headquarter:
E&H services, Inc.
Budějovická 618/53
140 00 Prague 4



DISPATCH FORM

(FILL IN CAREFULLY, ESPECIALLY THOSE ITEMS*)

Sample delivery to the Laboratory (dully copy to post label):
CannabiLab, Dobrá 240, Building VUHZ
Czech Republic, info@cannabilab.eu
M: +420-608 742 251

Order no.
.....
(only for E&H purpose)

| CUSTOMER* | | ADDRESS FOR INVOICE* | | POSTAL ADDRESS (IF DIFFERENT TO CUSTOMER) | PAYMENT |
|------------------------|------------------|---|-------------------|---|--|
| Name | | | | | <input type="checkbox"/> bank transfer (preferred) <input type="checkbox"/> cash onsite approx. price / as agreed |
| Address | | | | | |
| VAT | | | | | |
| Contact | | | | | |
| SAMPLING INFORMATION | | | WAY OF REPORTING* | | NOTES |
| Sampled | | <input type="checkbox"/> in person <input type="checkbox"/> by post <input type="checkbox"/> by e-mail (preferred)@..... | | | |
| Date and time | | | | | |
| Method used | | | | | |
| Purpose | | | | | |
| Matrix | | | | | |
| LIMS No (only for E&H) | NAME OF SAMPLES* | PLACE OF SAMPLING | ANALYSIS* | | NOTES |
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I hereby declare that under the terms of this agreement, in unexpected situations (instrumental defect or other), the laboratory can subcontract the order, whilst maintaining its responsibility for the highest quality of services. I undertake to pay the agreed price for the service provided within the email communication or offer.

Customer

(date, signature):

Take over at E&H

(date, time, signature):

Review at E&H

(date, time, signature):