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## Test request form

### Customer

<b>Name of the company:</b>	
<b>Address:</b>	
<b>ID No.:</b>	<b>VAT No.:</b>
<b>Bank contact IBAN:</b>	
<b>Name and address of the bank:</b>	
<b>Bank account number:</b>	
<b>Authorized person</b>	
<b>Name:</b>	<b>Position:</b>
<b>Phone:</b>	
<b>E – mail:</b>	

### Sample:

Test No.	Name of product	Amount	Note	Protocol in english	Tests
1					
2					
			Total		

Title test	Test method	Test No of sample	Note

<b>Process test report :</b>	<b>the language:</b> <input type="checkbox"/> SK <input type="checkbox"/> ENG
<b>Subcontract:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Urgently:</b> <input type="checkbox"/> <b>Term:</b>	<b>Signed by:</b> Head of laboratory

Date:

.....  
Signature and stamp of authorized perso

VIPO a.s.

Registration date:

Registration number:

Name: