



TECHNICAL SERVICES
THE ASSAY OFFICE
 P.O. BOX 151 NEWHALL STREET
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NICKEL TEST APPLICATION FORM

CONTACT NAME: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

PLEASE CONSULT THE ATTACHED GUIDELINES BEFORE COMPLETING THIS FORM FOR FIRST TIME

CUSTOMER REFERENCE	SCREENING TEST	CONTENT EN1810	FULL RELEASE TEST <small>PLEASE CONSIDER ALL HIGHLIGHTED COLUMNS AND TICK THOSE WHICH YOU REQUIRE</small>			OTHER RELEASE TESTS		
			WEAR/ CORROSION EN 12472 (PLATED/ COATED ITEMS)	TEST WHOLE	TEST IN COMPONENTS	MASK OFF**	QC RELEASE ONLY	CORROSION/ WEAR QC RELEASE (PLATED OR COATED ITEMS)

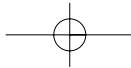
TEST INSTRUCTIONS - REFER TO IMPORTANT GUIDELINES ATTACHED
 (**PLEASE INCLUDE ANY SPECIFIC REQUIREMENTS FOR "MASKING OFF")

PAYMENT: UNLESS DIRECTED, ALL RESULTS AND INVOICES ARE DESPATCHED BY POST.
 NO RESULTS MAY BE RELEASED UNLESS PREPAID OR ON AN ACCOUNT WHICH IS WITHIN ITS
 CREDIT LIMIT. PLEASE INDICATE HOW YOU WISH TO PAY;

PAYMENT BY: CHEQUE CASH ACCOUNT

SIGNED **DATE**





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IMPORTANT GUIDELINES FOR REQUESTING NICKEL TESTING

