

# CASTLE BRANCH SKILL TESTING ORDER FORM



Company Name: \_\_\_\_\_

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

Contact Information: \_\_\_\_\_

Number of Tests \_\_\_\_\_

Price Per Test \_\_\_\_\_

Set-Up Fee \_\_\_\_\_

Total Cost \_\_\_\_\_

## Client Approval

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Castle Branch use only

Account ID \_\_\_\_\_ User Name \_\_\_\_\_

### Customer Service

Meters Entered

Customer Service Representative \_\_\_\_\_ Date \_\_\_\_\_

### Accounting

Invoice Complete

Accounting Representative \_\_\_\_\_ Date \_\_\_\_\_