

CUSTODY FORM

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 info@chemsafety.co.nz

 PO Box 8141,
 Christchurch 8440

Christchurch
 28/303 Blenheim Road
 Christchurch 8440

Wellington
 4/12 Cruickshank Street
 Kilbirnie. Wellington 6022

To Chemsafety Ltd	<input type="checkbox"/> Christchurch Office <input type="checkbox"/> Wellington Office	
From	Company:	
	Name:	Phone:
	Email:	
	Billing Address:	
	Order Number:	
Internal Use	<input type="checkbox"/> Account Approved <input type="checkbox"/> Cash Sale	

When emailing reports, please send to:

- ☐ Same as in "From"
☐ Other → Name:
 E-mail:

Enter sample details on next page

Sample delivered by	Sample Received at Chemsafety:
<input type="checkbox"/> Courier / Post <input type="checkbox"/> In person (detail below)	Date:
Name:	Name:
I acknowledge that the details recorded above are correct to the best of my knowledge.	I acknowledge receipt of the above samples (record details if any issues with condition of samples):
Sign:	Sign:

Internal Use	Project No:	Batch No:
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Important Information:

All work undertaken is subject to Chemsafety's General Terms and Conditions of Trade, a copy of which can be found at www.chemsafety.co.nz/resources.

Wellington
4/12 Cruickshank Street
Kilbirnie, Wellington 6022

☐ Asbestos Identification
☐ Other: _____

Client		
Sample #	Sample Description	Comments