

Crescent Custom Solution Quotation Specification Form

Please photocopy this form, fill in specifications, and FAX it to us for a prompt response!

FAX : 631-348-0913
Technical Sales Dept.
Crescent Chemical Co., Inc.
2 Oval Drive
Islandia, NY 11749
TEL: 631-348-0333
800-877-3225

Product Description:

Organic Inorganic

Matrix/Solvent: _____

Total Number of Components _____

Quantity: () 3 x 1 mL, () 6 x 1mL,
() 12 x 1mL, () Other _____

Inquiry Date: _____
Customer Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____
FAX _____
TEL _____
e-mail: _____

Concentration units: if varied, please specify
concentration next to listed components.

Each component @ _____
() ng/mL () ug/mL () mg/mL
() w/w% () w/v% () v/v%

Components

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Components

11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Delivery Requirements: _____

Validation Requirements: () Gravimetric () Qualitative () Quantitative

Solution Application: GC () MS, () ECD, () PID/ELCD, () NP
() HPLC/_____, () ICP/_____, () AA, () Other _____

Return fax Ordering Information

Custom Solution Catalog # _____ Quoted Pricing/ Unit: _____

Additional Quantities _____

Quote Date: _____ Quoted by: _____

Call 800-877-3225 to place your order!