



SKARSHAUG TESTING LABORATORY, INC.

Date: _____
Contact Name: _____
PO# _____

Billing Information

Company _____
Attn _____
Address _____
City, State Zip _____
Phone _____
Fax _____
Email _____

Shipping Information

Company _____
Attn _____
Address _____
City, State Zip _____
Phone _____
Fax _____
Email _____

Ship-Back Method (X): _____ Pick-up (please include phone #)
_____ Ship Pre-Paid & Added
_____ Ship collect (incude acct information)

Items Included with Shipment

_____ pair of Rubber Gloves	_____ ea. Hot Sticks
_____ pair of Rubber Sleeves	_____ set of Jumper Cables
_____ ea. Blankets	_____ set of Ground Cables
_____ ea. Connectors	_____ ea. Strap Hoist
_____ ea. Line Hose	_____ ea. Chain Hoist
_____ ea. Hoods	
_____ ea. Cutout Cover	Other: _____
_____ ea. Cross Arm Guard	_____
_____ ea. Cross Arm Shield	_____
_____ ea. Insulated Saddle	_____
_____ ea. D.E. Protector	_____

Person & Contact Info for failed items: _____

Notes for Lab:

