

Please deliver the following pages to: _____

Date: _____ FAX: _____ No. of Pages: _____

REQUEST FOR SERVICES

ASSOCIATED SOILS ENGINEERING, INC. MUST RECEIVE A FAXED COPY OF THIS FORM WITH THE INFORMATION IN THE BOXED AREA AND A SIGNATURE UNDER THE PAYMENT AUTHORIZATION **BEFORE** SERVICES WILL BE PROVIDED. THANK YOU FOR YOUR COOPERATION.

FAX FORM TO _____, IN DISPATCH @ (562) 426-1842 FAX
(562) 426-7990 ext. 107

PLEASE FILL OUT THIS BOX COMPLETELY AND SIGN BELOW

BILL TO: _____

CONTACT: _____
PHONE: () _____ FAX: () _____
JOB NAME: _____
JOB ADDRESS: _____

JOB PHONE:() _____ FAX: () _____
JOB DESCRIPTION: _____
JOB CONTACT _____
PURCHASE ORDER NO. _____
YOUR JOB NO. _____
THOMAS GUIDE PAGE: _____
<u>PLEASE INITIAL ONE OF THE FOLLOWING:</u>
Non Prevailing _____ Prevailing _____ Union _____

Services will be billed in accordance with our Current 2007 Fee Schedule, copy of which is enclosed. Any special rates or terms are noted as follows: _____

For ASE Personnel only:

ASE Project No. _____
Services Requested: _____

Date Wanted/Time: _____

PAYMENT AUTHORIZATION

I acknowledge and accept the enclosed Terms and Conditions and Special Conditions on Services Provided (for geotechnical testing and inspection services only) and the fees as shown on the enclosed 2007 Fee Schedule and hereby accept responsibility to see that Associated Soils Engineering, Inc. is paid in full for all services rendered within 30 days from receipt of invoice.

Signed _____
Type or Print Name _____
Title _____

Date _____
Company _____