



## SERVICE REQUEST FORM

Date:

Please fill out the form digitally, and avoid handwriting.

SEM / EDS:

XRD:

Furnace with  / without  consumable

### Billing Details

### User / Customer Name

Name:

Name:

E-mail:

E-mail:

Company:

Phone:

Department:

Address:

Phone:

### Service Description:

Customer Signature

Authorized Account Holder Signature

Complete this form, print it, and mail the samples with the signed service request form to:

Dr. Sara Monfared  
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Niagara Region, St. Catharines, ON, Canada L2S 3A1