



Worldwide Leaders in In Vitro Spectroscopy

SAMPLE SUBMISSION FORM (1) Please **TYPE** information in all required fields of this editable form. (2) **SAVE** a copy of completed PDF on your Computer (*if you don't save the PDF, you will lose everything you typed into the form*). (3) **Please fill out and enclose a copy of this form for each of your test samples, including a formula reference number or unique identifier.**

Client Information

DATE _____

NAME & TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____

TEL _____ FAX _____ E-MAIL _____

Sample Information

SAMPLE FORMULA/LOT# _____

NUMBER OF SAMPLES _____

DATE SHIPPED TO IMS _____

Select Desired Testing (*Normal Turnaround is 5 – 7 Business Days – Please call for Expedited Service*)

SPF (Static) WATER RESISTANCE (80 min) PHOTOSTABILITY (Please Call)

SPF Results

SEND RESULTS VIA E-MAIL FAX

E-MAIL/FAX ADDITIONAL COPY OF RESULTS TO:

NAME _____

EMAIL/FAX _____

Billing Information

PURCHASE ORDER # _____

CREDIT CARD

(PLEASE ATTACH COPY OF P. O.)

BILL TO: ADDRESS ON P.O.
 OTHER (*please input below*)

For Credit Card orders – after your sample submission is reviewed/approved, we will email an electronic invoice via Intuit Quickbooks that can be securely paid online.

NAME & TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____

TEL _____ FAX _____ E-MAIL _____

Please remember to: (1) complete this form and **email it to info@ims-usa.com** and (2) **enclose a copy of this form with the samples** and ship to our testing facility at the address below. **Please note our new address – Thank You!**

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