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SIREN 775649726 Code APE 911A

# TESTING APPLICATION

## PRODUCTS Laboratories - Lyon

### COMPANY'S INFORMATION

Company:

Date :

Address:

Name and signature of the person in charge:

Phone number:

Fax:

VAT number:

(Company stamp)

### SAMPLES REFERENCES \*

\*Secure your sample sending are sent with the completed testing application form (fully completed)

### AND TESTING REQUIRED:

**BIOBASED TEST**

### COMPANY TO BE INVOICED (if different of company's information)

Company:

Address:

Phone number :

Email:

VAT number:

(Company's stamp  
for "agreement")

**Invoicing conditions:** A proforma invoice is sent at receipt of your samples (100 € minimum). The testing results are sent upon receipt of your payment. For any administrative modifications, 50 € fees are at client's charge

**The name of the person in charge has to be mentioned on each testing order, as well as the invoiced company, the number and the sample's reference**