

INDUSTRIAL SERVICE REQUEST FORM

DETAILS OF REQUIROR

Name of Institution / Organization:

Contact Person:

Address:

Tel:

Fax:

e-mail:

Tax Office:

Tax No:

SABANCI UNIVERSITY

Contact Person(Analyzer)

SU PAYMENT DETAILS

Bank Name: AKBANK

Branch Name: SU BRANCH(713)

Account No : 0060530 USD

0059940 TL

DETAILS OF TEST / ANALYSIS / MEASUREMENT SERVICE REQUESTED

DESCRIPTIONS

Total Price of Analysis *

☐ TL

☐ USD

1.

2.

3.

4.

VAT not included in price.

Contact point: Gamze Çoban

Tel: (216) 483 9718

e-mail: gamzec@sabanciuniv.edu

web : www.sabanciuniv.edu/mcl

Requiror

Signature