

## INDUSTRIAL SERVICE REQUEST FORM

### DETAILS OF REQUIROR

Name of Institution / Organization: [REDACTED]  
Contact Person: [REDACTED]  
Address: [REDACTED]  
Tel: [REDACTED]  
Fax: [REDACTED]  
e-mail: [REDACTED]  
Tax Office: [REDACTED]  
Tax No: [REDACTED]

### 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](mailto:gamzec@sabanciuniv.edu)  
web : [www.sabanciuniv.edu/mcl](http://www.sabanciuniv.edu/mcl)

Requiror

Signature