



TIMBER PRODUCTS
We Deliver Confidence.

| OFFICE USE ONLY | |
|-----------------|-----------|
| ACCT #: | |
| INSP: | |
| INVOICING: | VIA EMAIL |

**DOMESTIC SPECIES IDENTIFICATION
SERVICE REQUEST FORM**

| | | |
|---------------------------|------------------|-----------------|
| FROM | (COMPANY NAME) | (CONTACT NAME) |
| BILLING ADDRESS | (STREET ADDRESS) | (CITY, ST, ZIP) |
| CONTACT INFO | (PHONE) | (EMAIL ADDRESS) |
| SAMPLE(S) COLLECTED FROM: | | |
| SAMPLE(S) COLLECTED BY: | | |
| SAMPLE(S) LABELED AS: | | |

TO: TIMBER PRODUCTS INSPECTION, INC.
1641 SIGMAN RD.
CONYERS, GA 30012
ATTN: DAVID JONES
PHONE #: (770) 922-8000 ext. 1280 lumberdivision@tpinspection.com

REQUEST

1. I request Timber Products Inspection, Inc. to issue a species identification report on samples taken from the location listed above.
2. Samples shall be numbered/labeled.
3. Samples shall be at least as big as a golf ball (a 2-1/8" hole saw is a good size).

SPECIES ID RATES - \$100/sample domestic species and \$250/sample non-domestic species.

DEPOSIT = NUMBER OF SAMPLES: _____ x \$ _____ = _____

_____ **Please send my samples back after identification.** _____
(Required for return - UPS/FEDEX Account #)

_____ **Please dispose of my samples after identification.**

ACKNOWLEDGMENTS - I understand that no evaluation of grade or treatment is being performed under the scope of this service request. Full payment is required before the final report is issued. By completing, signing and returning this form to Timber Products Inspection, Inc. ("TP"), you agree to indemnify and hold TP harmless from any claims, damages, charges, liabilities, demands, expenses, lawsuits or other obligations of any nature (including, but not limited to, attorneys' fees and costs), that are threatened, asserted or secured against, or are incurred, sustained or suffered by TP in connection with, resulting from, arising out of, or incident to your acts or omissions.

SIGNED: _____ **DATE:** _____

RETURN TO: lumberdivision@tpinspection.com or 1641 SIGMAN ROAD CONYERS, GA 30012



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CREDIT CARD RETAINER PROCESSING REQUEST

DATE OF REQUEST: _____

CC#: _____

CARD EXP DATE: _____ CID#: _____

NAME ON CARD: _____

TYPE OF CARD: _____

BILLED AMOUNT*: \$ _____ PLUS 3%

*Note: Credit card convenience fee of 3% added to billed amount

EMAIL COPY OF RECEIPT TO: _____

EMAIL ADDRESS

OFFICE USE ONLY

TP ACCT NAME & NO: _____

TP INVOICE/TRANSACTION NUMBER BEING PAID: _____