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Building on Solid Foundations

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Compaction Testing Request

Owner's Name: _____ Phone: _____
Owner's Address: _____

Site Address: _____

Bill To: _____ Phone: _____
Address: _____ Fax: _____
_____ E-mail: _____

Signature: _____ Date: _____
Deadline: _____ Date of Closing: _____

I, _____, am requesting compaction testing to be completed for the "Site Address" referenced above. The financially responsible party has agreed to this request and has signed under "Bill To" above. I understand that, in the absence of a signature above, I, and/or my company, will be held responsible for the cost of testing.

Requested by: _____ Phone: _____

Signature: _____ Date: _____

Compaction Testing

Average Cost of Test \$65/hour plus travel fees

Contact our office for a full price quote

sandy@ireng.net 435-644-2031

TERMS OF CONTRACT: The purchaser agrees to pay for the above services at Kanab, Utah within 30 days of this invoice. If not paid, a FINANCE CHARGE OF 2% PER MONTH (annual percentage rate 24%) will be charged on all overdue accounts. Client also agrees to pay all costs of collection, including court costs, collection agency fees and reasonable attorney fees whether or not a suit is filed.

OFFICE USE ONLY

Date Requested: _____
Completed by: _____

Date Completed: _____
Notes: _____

P.O. Box 55 □ 460 East 300 South, Suite 1, Kanab, UT 84741
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Fax: (435) 644-2969 □ Email: tom@ireng.net